**DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LOCAL HEALTH DEPARTMENT PLANNING AND
BUDGET INSTRUCTIONS
FOR FY 2015**

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FY 2015 LOCAL HEALTH DEPARTMENT PLANNING AND BUDGET INSTRUCTIONS

OVERVIEW AND FORMAT

The FY 2015 Local Health Department (LHD) Planning and Budget Instructions continue with the structure and format used last year. The 2015 instructions are contained in the following two sections.

Section I   Local Health Department Budget Package

Section II   Administration Specific - Categorical Grant Instructions

A brief explanation of each section follows.

Section I includes the LHD Budget Package, DHMH Form 4542 A-M, with specific line item budget instructions. The DHMH Form 4542 budget format is to be used for **all** categorical grant funding included on the Unified Funding Document (UFD).

Section II includes the individual funding administration's specific categorical grant planning and budget instructions. This section contains submission dates, program goals and objectives, performance measures, etc., as determined by the funding administration for each type of grant. This section does not look that different from prior year submissions.

ADMINISTRATION SPECIFIC - CATEGORICAL GRANT BUDGET PREPARATION

GENERAL INSTRUCTIONS

Budgets for categorical grants for <u>all</u> DHMH Program Administrations are to be prepared electronically using the DHMH 4542, Local Health Department Budget Package.

Important items to note are:

The completed budget package is to be submitted to the appropriate Program Administration by the due date specified later in the relevant section of these instructions.

Requests to post a locally funded program to FMIS should be directed to the DHMH Division of General Accounting.

Fringe rates to be used in the preparation of the FY 2015 budget requests are (<u>*revised)*</u> as follows:

Merit System Positions:

FICA	7.30% to $125,022 + 1.45% of excess
Retirement	18.55% of regular earnings
Unemployment	28 cents/$100 payroll
Health Insurance (per employee)	Actual cost (07/09/13) PPE ÷ number of eligible employees on PPE dated 07/09/13 x 24.07 pays x 1.03
Retiree's Health insurance (per employee)	31% of employee health insurance
Retiree's Health Insurance Liability	Do not budget

Special Payments Positions:

FICA	7.65% to $119,337 + 1.45% of excess
Unemployment	28 cents/$100 payroll

* For further information and formula go to the Dept. of Budget Management website (www.dbm.state.md.us); then go to FY 2015 Operating Budget Instructions, Fringe Benefits, page 29-32. ***The above rates are subject to change based on the Governor's FY 2015 Budget allowance***
Note: The Governor's FY 2015 budget proposes a 2% COLA for state employees Effective January 1, 2015.

Local Health Department
Regular and Contractual Pin count for FY 2015
Used for Workmen's Compensation Addendum in LHD Budget
Instructions

COUNTY	REG FY2015	Cost per PIN	Total
Allegany	210.95	246.7149	52,045
Anne Arundel	250.95	246.7149	61,913
Balto Co	1.00	246.7149	247
Calvert	88.40	246.7149	21,810
Caroline	76.55	246.7149	18,886
Carroll	140.30	246.7149	34,614
Cecil	110.80	246.7149	27,336
Charles	201.57	246.7149	49,730
Dorchester	80.23	246.7149	19,794
Frederick	151.38	246.7149	37,348
Garrett	109.00	246.7149	26,892
Harford	186.05	246.7149	45,901
Howard	196.90	246.7149	48,578
Kent	78.40	246.7149	19,342
Montgomery	1.00	246.7149	247
Prince George	27.50	246.7149	6,785
Queen Annes	64.85	246.7149	15,999
St.Marys	66.40	246.7149	16,382
Somerset	68.00	246.7149	16,777
Talbot	83.60	246.7149	20,625
Washington	145.35	246.7149	35,860
Wicomico	186.60	246.7149	46,037
Worcester	189.80	246.7149	46,826
Balto City	0.00	246.7149	0
TOTAL	**2715.58**		**669,974**

FY 15 Allowance	669,974.00
Cost per pin #	246.7149

SECTION I

LOCAL HEALTH DEPARTMENT BUDGET PACKAGE

(Required for all Categorical Grants on the Unified Funding Document)

LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
(DHMH 4542 A-M)

Overview

The DHMH electronic 4542 package includes all the LHD budgeting schedules. It is the complete package of forms necessary for the awarding, modification, supplement or reduction of any LHD categorical award reflected on the Unified Funding Document (UFD) **Local health departments must use the electronic DHMH 4542 Budget Package to initially budget and/or amend any categorical grant award included on the UFD**. Specific instructions for each component or form in the Local Health Department Budget Package, DHMH 4542 A-M, are included in the following pages.

Note: DHMH 4542 Forms A-M (DHMH 440-440A) are located on the following website:

www.dhmh.state.md.us/forms/sf_gacct

**STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
INSTRUCTIONS FOR THE COMPLETION OF THE
LOCAL HEALTH DEPARTMENT (LHD) BUDGET PACKAGE**

General Instructions

The local health department budget package is an EXCEL-based spreadsheet that includes links to subsidiary schedules. Some of the schedules include cells that are shaded to identify how or by whom that particular field is filled. A four-color coding scheme is used in the budget package. The keys to the four-color coding scheme follow.

Yellow – *Any yellow shaded cell is for the sole use of LHD staff.*

*Blue - **Do not enter data in any blue shaded cells**. Any blue shaded cell is a cell that is either linked to another sheet in the budget package or contains a formula.*

Tan – Any tan shaded cell is for the sole use of the DHMH funding administration staff. The tan shaded cells are found only on the 4542A – Program Budget Page (Comments) and the Grant Status Sheet (4542M).

Green – Any green shaded cell is for the sole use of the Division of Grants & Local Health Accounting (DGLHA). The green cells are found only on the 4542A -Program Budget Page (Comments) and the Grant Status Sheet (4542M).

The LHD budget package is to be submitted electronically by the local health department to the funding administration. Each LHD budget file will have a unique file naming convention that must be followed by the LHD. This unique file name format is necessary for DGLHA Section to manage the hundreds of electronic budget files that will be received, processed and uploaded by DGLHA Section. There is a required field for the file name on the Program Budget Page. Detailed instructions on the file naming convention are located in the next section.

The cells containing negative numbers, e.g. collections or reductions, must be formatted to contain a parenthesis, for example, ($1,500). Please make sure that neither brackets nor a minus sign appear for negative numbers. The automatic formatting on the page should show as $1,500. The formatting has been set by the Department and should not require correcting. The parenthesis format is the required structure for file uploading to FMIS. If something other than a parenthesis for negative numbers is used, the budget file will error out of the upload process.

Local health departments are encouraged to consolidate their use of budget line items. The Program Budget Page provides a list of commonly used line items. Local health departments are free to write over the line item labels or fill in blank cells on the Program Budget Page. **Please do not insert or delete any rows from the Program Budget Page (4542A). You can write over existing labels or leave them blank but do not insert or delete any rows.**

4542 A - Program Budget Page

Funding Administration - Enter the DHMH unit to whom you are submitting the document, e.g., Family Health Administration

Local Health Department - Enter name of submitting local health department

Address – Enter mailing address where information should be sent regarding program and fiscal matters

City, State, Zip Code – Enter relative to above address

Telephone # – Enter number, including area code, where calls should be directed regarding program and fiscal matters

Project Title – Enter specific title indicating program type, e.g., Improved Pregnancy Outcome

Grant Number - Enter the DHMH award number from the UFD, e.g., FH884IPO

Contact Person – Enter the name of the individual(s) who should be contacted at the above telephone number regarding fiscal matters related to this grant award

Federal I.D. # - Enter the Federal I.D. # for the local health department

Index – Enter the county index number for posting to FMIS (see attached list)

Award Period - Enter the period of award, e.g., July 1, 2012 - June 30, 2013

Fiscal Year - Enter applicable state fiscal year, e.g., 2013

County PCA – enter the County PCA code that will be charged for this grant, e.g., F696N; only one per budget; if unknown, please contact Ms. Sandy Samuelson (SamuelsonS@dhmh.state.md.us or 410-767-5804) of the Infectious Disease & Environmental Health Administration.

File Name – Enter the file name exactly in the format as indicated below. Each LHD budget file must have a unique file name in the following format. **There are no exceptions to this file name format.** Please complete the file name exactly as indicated, including the dashes.

 • File Name Format: FY-County-PCA-Grant #-Suffix for Modification, Supplement, Reduction – no blank space in name, e.g.,

   13-Howard-F329N-FH884IPO (this would be an original budget)
   13-Howard-F329N-FH884IPO-Mod1
   13-Howard-F329N-FH884IPO-Red1
   13-Howard-F329N-FH884IPO-Sup1
   13-Howard-F329N-FH884IPO-Sup2

Date Submitted - Enter the date the budget package is submitted to the funding administration

Original Budget, Modification #, Supplement #, Reduction # - If this is the original budget submission for the award, enter "yes". If this is a modification, supplement or reduction, enter "no" and "#1", "#2", etc. on the appropriate line.

Summary Total Columns (above line item detail)

- Current Budget Column
- DHMH Funds Mod/Supp (Red) Column
- Local Funds Mod/Supp (Red) Column
- Other Funds Mod/Supp (Red) Column
- Total Mod/Supp (Red) Column

In this section, the LHD must only enter amounts in the "Indirect Cost" field. Other than the Indirect Cost fields, the budget package accumulates the total of the line item budget detail. These totals provide the break out of funding for DHMH, local and/or other funds for the original budget and any subsequent budget actions.

Please note that the calculated fields (blue shaded cells) are formatted in the spreadsheet to show cents. This was done to provide an indication that the line item detail contains cells with cents in error. If the totals in this section contain cents, reexamine the line item detail and correct the line item budget. Do not modify the formulas in this section to adjust for the cents. The budget should be prepared in whole dollar increments, and therefore should not contain cents either by direct input or formula.

Descriptive lines used in this section follow.

- Direct Costs Net of Collections – **Do not enter data in this row.** This row contains a formula that calculates the total direct costs net of collections.
- Indirect Costs – Enter the amount of indirect costs posted to line item 0856 in the respective column in the line item budget detail. Please note that the Current Budget for indirect costs must be adjusted manually if a modification to indirect costs is made.
- Total Costs Net of Collections - **Do not enter data in this row.** This row contains a formula that calculates all line item postings, including collection line items, entered in the line item budget detail in each respective column.
- DHMH Funding – **Do not enter data in this row.** This row contains a formula that calculates the DHMH Funding Amount by subtracting the Total All Other Funding and Total Local Funding from the Total Costs Net of Collections.
- All Other Funding – **Do not enter data in this row.** This row contains a formula that calculates all line item postings, including collection line items, entered in the line item budget detail in the All Other Funding column.
- Local Funding - **Do not enter data in this row.** This row contains a formula that calculates all line item postings, including collection line items, entered in the line

Item budget detail in the Local Funding column.
- Total Mod/Supp/(Red) Column – **Do not enter data in this row.** This column contains a formula that simply calculates the total of the postings in the previous three columns in this section.

__Program Approval/Comments__ – (tan shaded cell) Do not enter any information in this section. This section is reserved for the use of the DHMH funding administration.

__DGLHA Approval/Comments__ – (green shaded cell) Do not enter any information in

this section. This section is reserved for the use of the DGLHA Section staff.

4542 A - Program Budget Page - Line Item Budget Detail Section

Line Item Number / Description (columns 1 & 2) - For local health departments, enter the line item numbers from the state Chart of Accounts. Commonly used line items are provided on this form. New line items may be added to a blank cell at the bottom of the line item listing or an existing line item can be written over. **It is very important to note that rows should not be inserted or deleted. To do so, will fracture the links to the budget upload sheet and the file will not upload to FMIS.** Line items can be overwritten or filled in if need be, or blanked out or left blank, but line items should not be added or deleted by inserting/deleting rows on the worksheet.

DHMH Funding Request (column 3) - Enter by line item the amounts to be supported with DHMH funds.

Local Funding (column 4) - Enter by line item the amounts to be supported with local funds.

All Other Funding (column 5) – Enter by line item the amounts to be supported with funds other than DHMH Funding and/or Local Funding.

Total Other Funding (column 6) – This column contains a formula that adds Local Funding (column 4) and All Other Funding (column 5)

Total Program Budget (column 7) - This column contains a formula that adds the DHMH Funding (column 3), Total Other Funding (column 6), and Total of Modification/Supplements or Reductions (column 11).

DHMH Budget, Local Budget, Other Budget – Modification, Supplement, or Reduction (columns 8, 9, 10 and 11) - Enter by line item and funding source (i.e., DHMH, local or other) any changes due to Budget Modifications Supplements, or Reductions. The Total Program Budget (column 7) will be recalculated to include these changes. **Please remember that the new Total Program Budget (column 7) will become the new base budget for any subsequent budget submissions.**

Supplementary Subsidiary Budget Forms (4542 B thru 440 A)

The following forms have been modified to include links that pull information from the 4542A is shaded in blue are either linked to another sheet or contain a formula. Please do not enter data in these fields or cells. The fields will be populated automatically upon completion of the 4542A form. **Please do not enter data into a blue shaded cell.**

4542 B - Budget Modification, Supplement or Reduction
Line Item Changes and Justification

This form is required ONLY for Budget Modifications, Supplements or Reductions. This form should contain the changes (+ or -) from the most recently approved budget by line item. Specify the type of funding that is affected by the change (i.e., DHMH Funding, Local Funding or All Other Funding) and justification for the change. Please note that justification is required for changes to fee collections.

This schedule contains links to the Program Budget Page (4542A) that pull the line item number and the amount from Column 11. A formula is supplied that accumulates the total of the changes on this page, cross checks the total to the budget page and provides a check total (which should equal zero). These cells are shaded in blue and should not be modified by the LHD.

4542 C Estimated Performance Measures

This schedule is used to detail the estimated performance measures for the fiscal year.

4542 D Schedule of Salary Costs

All fields should be completed on this schedule. Additional guidance follows.
- Merit System - If the position is to be filled using a state or local merit system, identify that system.
- Grade and Step - Ignore if not merit system driven. Temporary positions for replacement of persons on leave should be separately identified.
- Hours per week are required.
- Expected expenditures should be listed if the proposal or the position is for less than one year. Append a note or secondary schedule showing the annual salary.
- If the position is vacant, indicate the expected hiring date.
- Include annual leave, promotions, etc.
- Please do not include fringe costs on this schedule.

4542 E – Schedule of Special Payments Payroll Costs

All fields should be completed on this schedule. Please list the individual's name. If payment will be made to a business, list the firm's name also. Total costs must equal the hourly rate times the total number of hours.

The two totals (formulas provided) for this schedule must agree with the special payments payroll line item (0280) amounts on the Program Budget page (DHMH 4542A). The "DHMH Funded Cost" amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for line item 0280. The "Total Salary" amount on this schedule must equal the special payments payroll (line item 0280) amount in the Total Program Budget Column (col. 7) on the DHMH 4542A.

4542 F - Schedule of Consultant Costs

All fields should be completed on the schedule. Please list the individual consultant's name. If payment will be made to a business, list the firm's name also. List the consultant's professional area; the hourly rate and the budgeted total annual hours. The "Total Cost" is calculated by multiplying the "Hourly Rate" times the "Total Hours".

The two totals (formula provided) for this schedule must equal the total of Object .02 line items, excluding line items 0280, 0289, 0291 and 0292 amounts on the Program Budget page (DHMH 4542A). The "DHMH Funded Cost" amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for Object .02 exclusive of the aforementioned line items. The "Total Cost" amount on this schedule must equal the Object .02 total exclusive of the aforementioned line items in the Total Program Budget Column (col. 7) on the DHMH 4542A.

Note*:* The consultant-contractor relationship is defined by the individual, personal delivery of service where the consultant has a high degree of autonomy over his/her use of time, selection of process, and utilization of resources. The IRS guidelines can be used to assist in defining the employer/employee relationship and to distinguish between a consultant and an employee.

4542 G - Schedule of Equipment Costs

This schedule details all equipment costing $500 or more per item to be purchased with DHMH funds and the total cost of all equipment costing under $500 per item. The description column for items costing over $500 should list the item to be purchased and its proposed use. Indicate if the item is additional equipment or to replace equipment purchased previously with DHMH funds. If more space is needed, continue the narrative within the column. Use additional pages as necessary.

The two totals (formula provided) for this schedule must agree with the total of all equipment line items in Objects 10 and 11 on the Program Budget page (DHMH 4542A). The "DHMH Funded Cost" amount on this schedule must equal the sum of the amount in the DHMH

Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for line items in Objects 10 and object 11. The "Total Cost" amount on this schedule must equal the amount for line items in Objects 10 and object 11 on the Total Program Budget Column (col. 7) on the DHMH 4542A.

4542 H - Purchase of Care Services (Line Item 881)

This schedule is to be used to detail any amounts reflected on the Purchase of Care line item (0881) on the Program Budget page (4542A). This schedule and line item 0881 should only be used for unit price contracts and fixed price contracts. It is **not** to be used for cost reimbursement contracts. List the type of service, the contract type (fixed price or unit price), the vendor from whom the service is to be purchased, the performance measures relative to the purchased service and the DHMH funded cost and total cost for each service.

The two totals (formula provided) for this schedule must agree with the purchase of care line item (0881) amounts on the Program Budget page (DHMH 4542A). The "DHMH Funded Cost" amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for line item 0881. The "Total Cost" amount on this schedule must equal the purchase of care (line item 0881) amount in the Total Program Budget Column (col. 7) on the DHMH 4542A.

For LHD's using the Purchase of Care Services Line Item to subcontract services to another vendor for services specific to the Development Disabilities Administration, a 432 A-H line item budget must be electronically sent in addition to the 4542 package.

4542 I – Human Service Contracts (Line Item 896)

This schedule is to be used to detail any amounts reflected on the Human Service Contract line item (0896) on the Program Budget page (4542A). This schedule and line item 0896 is to be used **only** for cost reimbursement contracts. List the type of service, the vendor from whom the service is to be purchased, and the performance measures relative to that purchased service and the DHMH funded cost and total cost for each service.

The two totals (formula provided) for this schedule must agree with the human service contracts line item (0896) amounts on the Program Budget page (DHMH 4542A). The "DHMH Funded Cost" amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for line item 0896. The "Total Cost" amount on this schedule must equal the human service contracts (line item 0896) amount in the Total Program Budget Column (col. 7) on the DHMH 4542A.

4542 J – Detail of Special Projects (Line Item 899)

This schedule is to be used to detail any amounts reflected on the Special Projects line item (0899) on the Program Budget page (4542A). This schedule and line item 0899 is to be used **only** for cost reimbursement contracts. List the type of service, the vendor from whom the

service is to be purchased, and the performance measures relative to that purchased service and the DHMH funded cost and total cost for each service.

The two totals (formula provided) for this schedule must agree with the special projects line item (0899) amounts on the Program Budget page (DHMH 4542A). The "DHMH Funded Cost" amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for line item 0899. The "Total Cost" amount on this schedule must equal the special projects line item (0899) amount in the Total Program Budget Column (col. 7) on the DHMH 4542A.

4542 K_-_Indirect Cost Calculation Form

For local health departments, indirect cost is limited to 10% of the departmental award, defined as DHMH funds and collections. This form includes formulas for the percentage based calculation of indirect costs or allows space for a local health department to show an alternate methodology for the calculation of indirect cost. Regardless of methodology, the indirect cost calculation must be shown on this schedule.

4542 L - Budget Upload Sheet (DGLHA Use Only)

The purpose of this sheet is to upload the budget into FMIS. **Local health department personnel should not enter any information directly onto this sheet. This sheet is for use of DGLHA Section only.** Data will be entered automatically on this form as the Program Budget Page (4542A) is completed. Please do not attempt to enter data on to this sheet or to modify it in anyway.

4542 M – Grant Status Sheet (For Funding Administration Use)

*The purpose of this schedule is to provide sufficient information for DGLHA Section to post grants to the UFD and to track various types of UFD actions. This form is to be completed by the funding administration and forwarded to DGLHA Section. **The funding administration should enter information in all tan shaded fields.** Some information fields (blue) are provided in the section detailing the County Code, PCA Code, Tracking #, etc. The lone green shaded cell is for DGA/Grants Section to enter the date the Grant Status Sheet was received in the DGLHA Section.*

DHMH 440 - Annual Report – Year End Reconciliation

Local health departments may use FMIS in lieu of the DHMH 440 Report. If a local health department is filing a DHMH 440 Report, some of the information will be completed automatically (blue shading) from the Program Budget Page (4542A). Line items are provided but they can be modified to reflect those used by the health department for a particular award. Please complete appropriate information (yellow shading) as needed. The total budget and expenditure and overall budget balance is included in Section II at the top of the form. Please DO NOT change the formulas on the Year-End Report.

DHMH 440A - Performance Measures Report

All local health departments must complete this form. Some information (blue shading) is pulled from other budget forms. The "Final FY Count" (yellow shading) is to be completed by the local health department.

SECTION II

ADMINISTRATION SPECIFIC - CATEGORICAL GRANT INSTRUCTIONS

ALCOHOL AND DRUG ABUSE ADMINISTRATION
FY 2015 GRANT APPLICATION INSTRUCTIONS

I. <u>KEY INFORMATION</u>

- Written to describe substance use disorder prevention, intervention, treatment, and recovery services funded by the ADAA within the local jurisdiction.
- Written to reflect utilization of best practices in providing these services. Best practices refer to services that reflect research based findings.
- No more than 24 typewritten, single spaced pages of text using Times New Roman font, size 12. Charts and budget pages are not included in the page count.
- Sequentially number all pages.
- DHMH budget forms and narrative are to be submitted electronically.
- The jurisdiction's allocation request cannot exceed the funding level provided by the ADAA.

II. <u>NARRATIVE INSTRUCTIONS</u>

A. The narrative must include the following sections:

1. Introduction
2. Planning Process
3. Organizational Chart
4. Services
   a. Prevention
   b. Outreach and Assessment
   c. Treatment
   d. Recovery Support Services
   e. HIV Services
   f. Subgrantee Monitoring
5. Information Technology
6. Proposed MFR and System Development Plan

B. The following are specific instructions for completing each required section:

1. **<u>Introduction</u>**

Briefly describe the system structure, function, types of services, and the population(s) targeted for services. Note: Targeted populations are not necessarily identical to the federal priority populations discussed in Section #4A.

Alcohol and Drug Abuse Administration (continued)

2. **Planning Process**

   a. Describe the planning process used in designing the system of services
   b. Describe plans to include stakeholders (including, but not limited to members of the recovery community and their families) in planning and evaluating program/jurisdiction services.
   c. Describe how data is used to develop your jurisdiction's system of care.
   d. Describe the relationship and interaction with the jurisdiction's Drug and Alcohol Abuse Council.
   e. Describe your jurisdiction's planning effort toward implementing recovery support services into your continuum of care (care coordination, peer support, continuing care, recovery housing, etc.). Identify the members of your ROSC Change Team and specify their affiliations. Attach your updated ROSC Implementation Plan to this application.
   f. Identify your jurisdiction's projects that integrate both prevention and treatment resources.
   g. Describe your jurisdiction's participation in the ADAA's Learning Collaborative effort.
   h. Describe your use of patient satisfaction surveys. Attach the survey you use to this application.
   i. Describe plans to negotiate and execute changes in collaborative relationships with other systems where applicable.
   j. Describe your system improvement model and activities.
   k. Identify management initiatives to increase program effectiveness and efficiency and to ensure compliance with Conditions of Award.

3. **Organizational Chart**

   Submit an organizational chart showing each funded program in the system and each position by name, class title and funding source, e.g. ADAA, County or other. Each position must be shown under the appropriate program. When an employee's duties are split between programs, the employee must be shown under each appropriate program. Locally funded positions used to provide services that are part of an ADAA grant must be shown on the organizational chart. Positions funded by third party sources should not be included on the organizational chart.

Alcohol and Drug Abuse Administration (continued)

4. <u>Services</u>

a. Prevention

1) Narrative

    a) Describe how your jurisdiction will implement activities consistent with the five steps of the Strategic Prevention Framework (SPF) process in your prevention efforts.
    b) Describe the integration of your Block grant funded activities with your MSPF funded prevention activities
    c) Describe how you will split your ADAA prevention funds between environmental (50%) and non-environmental evidence-based prevention programs/activities and identify the lead prevention agency responsible for the program. Specifically discuss both the adult and adolescent process.
    d) Describe the integration of prevention, treatment and recovery services.
    e) Describe collaboration and partnering with other community agencies, colleges/universities and jurisdictions.

2) Prevention Matrix

    With the requirement that 50% of ADAA prevention block grant funding be used for planning and implementing evidence-based Environmental Prevention Strategies, we are now requiring two Prevention matrices; one for Environmental Strategies and one for general prevention programs and activities (non-environmental).

3) Environmental Prevention Matrix

    Identify:
    a) The Intervening Variables for ATOD use that will be addressed through your environmental prevention strategies
    b) The specific contributing factors that exist in your community that will be addressed through your environmental prevention strategy and/or activities
    c) The specific environmental strategy/activities being implemented to impact those Intervening Variables and Contributing Factors
    d) The metric you will use to measure how much of the environmental strategy/activities will be provided
    e) Utilizing that metric, the number of environmental strategy/activities that will be provided
    f) Measurable objectives for each strategy/activity
    g) The amount of ADAA funding used to support the strategy/activities.

Alcohol and Drug Abuse Administration (continued)

4) Non-Environmental Prevention Matrix

Submit a matrix listing each prevention program/activity, indicating which programs are evidence-based, what CSAP prevention strategies are used and identify the IOM category.

Identify:
a) Risk factors to be addressed
b) Target populations
c) Number of individuals to be served
d) Goals and measurable objectives
e) The timeline for implementation
f) The amount of ADAA funding used to support the strategy/activities.

b. Outreach and Assessment

1) Describe outreach activities.
2) Describe which federally-defined priority populations (pregnant women, women with children, HIV positive individuals, and IV drug users) are served, the specific services provided to these populations, and how these populations are prioritized for screening, assessment and placement into care.
3) Describe, including timeframes, how individuals who are court committed pursuant to Health General 8-505 are assessed.
4) Discuss the connections (e.g. MOUs, referral agreements) with core social institutions that facilitate access to treatment for individuals in those social institutions (e.g. child welfare, criminal justice system, etc.)
5) Describe who assesses individuals and determines what services are needed, including level of care. Identify what instruments are used.
6) Describe how patients are determined to need care coordination. Describe how and by whom care coordination is provided.

c. Treatment

1) Levels of Care
   a) All programs certified as a Level 1 must also have a Level II.1 certification; all Level II.1 certified programs must also have a Level 1 certification. Please describe how the jurisdiction will address this requirement.
   b) Describe how you provide, purchase, or otherwise access a continuum of care, defined at a minimum as Level I, Level II.1, Level III.1, Level III.7, and OMT. Specifically discuss services for both the adult and adolescent populations.

Alcohol and Drug Abuse Administration (continued)

2) Treatment Narrative

   a) Identify and describe the use of best practices in the provision of treatment services,   delineating between age groups and populations. Note: Best practices refer to services that reflect research based findings.
   b) Describe how you ensure staff competence in the use of best practices
   c) Describe how clinical (not administrative) supervision is provided and by what level of certification/licensure.
   d) Describe the availability and use of pharmacotherapy for both managing withdrawal and for continued treatment. Include information for each level of care.
   e) Describe how somatic care is provided. This should include how Hepatitis A, B, and C risk assessment, risk reduction, referral for counseling and testing are addressed and/or provided.
   f) Describe how co-occurring (substance use and mental health disorders) services are provided, including the availability of a physician or nurse practitioner.
   g) Describe how you will increase access to and utilization of services
   h) Describe services provided for problem and pathological gamblers and their families.
   i) Describe how you coordinate with community-based health care providers to increase access to office-based buprenorphine therapy.
   j) Describe tobacco cessation services/activities for patients and staff.
   k) Describe your participation in Overdose Prevention activities within your jurisdiction, including implementation of naloxone training and distribution to high risk groups, community education, analysis of overdose data, physician education, etc., if applicable
   l) Identify and describe prevention, treatment and recovery services for women and women with children.
   m) For the jurisdictions that have funding for SB512 and HB7, describe your efforts to document the patients in SMART.
   n) Describe the jurisdiction's efforts to improve patient linkage from residential treatment to outpatient treatment.
   o) Describe the process you have implemented to authorize patient admission into residential treatment.

3) Treatment Matrix

   Provide a matrix listing:
   a) each ADAA funded program, grant number(s)
   b) I-SAT agency identification number
c) Location and hours of operation

Alcohol and Drug Abuse Administration (continued)

    d) level of care (include the program's current OHCQ certification with this application)
    e) number of slots/beds
    f) number of individuals served
    g) method of funding (e.g. fee for services, cost reimbursement)

    NOTE: Include recovery housing or continuing care services as "Other"

d. Recovery Support Services

1) Describe the process used to orient and recruit patients into continuing care services.
2) Discuss challenges encountered in engaging patients into continuing care and how you plan to address them.
3) Describe your plans to involve peer recovery support specialists in providing recovery support services within your jurisdiction, in both paid and volunteer capacities. Include the job functions they will provide.
4) Describe your plans to develop recovery community center activities in your jurisdiction.
5) Describe your plans to purchase recovery housing services.

e. Sub-grantee Monitoring

1) Describe how you will convey the General Conditions of Award to all sub-grantees (prevention, treatment, etc.).
2) Describe how you will monitor sub-grantee compliance with General Conditions of Award (prevention, treatment, etc.).
3) Describe your process for submitting the quarterly sub-grantee monitoring report no later than 5 business days following the end of each quarter.
4) Describe the graduated monitoring schedule for your sub-grantee recipients, including a list of all of your sub-grantee recipients that identifies the monitoring step for each recipient.

5. **Information Technology and Managing Information**

a. Describe any barriers or challenges faced as a result of entering encounter data into the SMART encounter notes page.
b. Describe any barriers or challenges faced as a result of using the TAP (Treatment Assessment Protocol) in SMART as an assessment tool.
c. Describe how you are in compliance with the "referral option" in SMART when referring a patient to another agency for on-going treatment.
d. Describe any plans for equipment upgrades.

Alcohol and Drug Abuse Administration (continued)

6. Proposed MFR and System Development Plan

ADAA's MFR information will be sent as an attachment to the FY15 Budget Award letters.

III. BUDGET PREPARATION INSTRUCTIONS

A. Budget Award Letter

Each jurisdiction will receive its FY 2015 budget award letter from ADAA that details funding levels and any additional budget preparation information. The jurisdiction's allocation request cannot exceed the funding level provided by the ADAA.

B. Budget Forms

1. Refer to the Management Services Section of the ADAA website, http://adaa.dhmh.maryland.gov, for updated budget forms and guidelines to complete the forms.

2. DHMH 4542 and DHMH 432
   All narratives and budgets must be submitted electronically to ADAA. For grantees funded by the DHMH Unified Funding Document use the DHMH 4542 budget forms. For grantees funded by Memorandum of Understanding (MOU) use the DHMH 432 budget forms. (Please be sure to send either electronically or by mail the completed signature page for the 432 packet).

3. DHMH Form 4542C or DHMH Form 432C (Performance Measures page) identify the funded services and the slots and/or the estimated number of patients to be served. **Do not include MFR data in this section.**

4. In-Kind Contribution Forms
   This form should be completed to detail local in-kind contributions that provide support to Prevention and S.T.O.P. grant funded services.

5. ADAA Financial Reporting Web Application
   The ADAA will require jurisdictions to enter your jurisdiction's information in the ADAA Web-Based Financial Reporting Application for FY 2015. Refer to the Management Services Section of the ADAA website, http://adaa.dhmh.maryland.gov for instructions.

Alcohol and Drug Abuse Administration (continued)

C. Specific Budget Preparation Instructions

1. <u>Third Party collections</u> (MA/PAC/Private Insurance) shall not be included in the budget.

2. <u>Temporary Cash Assistance </u>(TCA) (Addictions Program Specialists in local DSS Offices)
   The only line items permitted for funding and reimbursement by DHR/FIA are Salary, Fringe, Urinalysis and Indirect Costs. Any expenditure in line items other than those listed will not be permitted and will be the responsibility of the grantee. Please call the Statewide Projects Division at 410-402-8600 if additional clarification is required.

3. <u>Substance Abuse Treatment Outcomes Partnership Fund (S.T.O.P.)</u>
   Substance Abuse Treatment Outcomes Partnership (S.T.O.P.) funding requires a dollar for dollar match of the ADAA S.T.O.P. award. Some S.T.O.P. awards contain additional ADAA State general funds that have been reallocated by the county to support services funded through S.T.O.P. These additional funds do not require a match. The local match may be cash, in-kind contribution, or a combination of the two. A local in-kind match includes, but is not limited to, provision of space, staff, or services that the grantee intends to commit to the effort. If a county is using local in-kind support for the required match, an In-Kind Contribution Form for S.T.O.P. must be submitted. If a county is unable to provide matching funds, the county must request a waiver of the match requirement annually. Submit a written request explaining your reasons for a full or partial waiver to the Regional Services Manager for your county. A full or partial waiver may be approved after considering: 1) the financial hardship of the participating county; 2) prior and current contributions of funds for substance abuse treatment programs made by the participating county; and 3) other relevant considerations considered appropriate by the Department.

4. <u>Drug Court Treatment Services</u>
   Drug Court funding shall be used to provide for drug court treatment services only. Services include and are limited to the following:

   a. Treatment and Recovery Services
   b. Substance Abuse Counselor positions
   c. Therapist positions, e.g. Family, Trauma, Mental Health
   d. Approval for funding of Supervisory and Clerical positions must be obtained in writing prior to implementation.
   e. Funds may not be used for Case Manager Positions.

Alcohol and Drug Abuse Administration (continued)

D. Subprovider Budget Review Practices

The DHMH Division of Program Cost and Analysis (DPCA) issued guidelines detailing documentation requirements relating to the Department's sub-provider review practices. These guidelines are a direct result of findings in a legislative audit of the DHMH Office of the Secretary. Included in the DPCA guidance was the initiation of an attestation by the funding administration that sub-provider budgets were subjected to a comprehensive review process before they were approved by the funding administration. The key issue with the review of sub-provider budgets is the documentation that such a review was done in support of the funding administration's attestation. ADAA does not have a direct funding relationship with the sub-provider. The vendor of record, usually a local health department, county executive, county commissioners, county council or delegated authority, has a direct funding relationship with the sub-provider. The vendor of record would be required to submit documentation as referenced below:

A memorandum from the vendor of record to the funding administration detailing the vendor of record's comprehensive sub-provider budget review process. This should include steps taken in that review such as meetings with subproviders, analytical processes, and checklists with staff initials and dates of completed budget review processes, etc.

If you are a vendor of record using cost reimbursement contracts for human services, you will be required to submit the above documentation with your budget submission. It is also required that you submit copies of all sub-provider budgets to ADAA.

E. Grant Application and Budget Submissions

Submission due dates will be included in the Budget Award letter sent by ADAA. The entire grant application (narrative and budget) shall be submitted electronically to: dhmh.adaa_grants@maryland.gov

Please include in the subject line the name of the jurisdiction and FY2015 Grant Application, e.g. **Allegany County FY2015 Grant Application****

END OF ALCOHOL AND DRUG ABUSE ADMINISTRATION

DEVELOPMENTAL DISABILITIES ADMINISTRATION

INSTRUCTIONS FOR THE PREPARATION OF NARRATIVES AND BUDGETS FOR CATEGORICAL GRANTS

1.   **Tentative Allocation**

The Developmental Disabilities Administration will provide specific
of Scope of Work, Performance Measures, Deliverables Requirements and
allowable costs guidance no later than March 1, 2014.

2.   **Program Proposals**

The Developmental Disabilities Administration is not seeking additional
or new programs.

3.   **Program Priority Areas**

The Developmental Disabilities Administration priority is Resource
Coordination/Case Management services and maximizing Federal
Financial Participation funding.   Additionally, Family and Individual Support
Services, Purchase of Care, and Summer Camps continue to be a DDA priority.

a.   **New for FY 2013**

1.   Each participating County Health Department will electronically provide a
Budget Narrative (MS Word) along with all the required DHMH 4542.   The
Budget Narrative will outline forecasted personnel requirements, discussion and
justification of all requested costs, total anticipated individual counts, and
additional infrastructure requirements.

2. Rosters will be required for all Individual and Family Support Service renewals
and subsequent supplement/reductions. Contact your regional office for a sample
format of the roster that needs to be submitted.

3. A 432 A-H line item budget is required for all DDA providers who are
providing services through the Human Service Contract line item on the 4542
form.

Developmental Disabilities Administration (continued)

4. Allowable and Unallowable Costs are in accordance with the State of Maryland, Department of Health and Mental Hygiene, Local Health Department Funding System Manual, sections 2110.08.01 and 2110.09, pgs. 29-31. The DDA Executive Director reserves the right to further clarify and define Allowable and Unallowable Costs.

5. One of the Developmental Disabilities Administration's goals to maximize 'earned' Federal Financial Participation (FFP) funding. Therefore, direct monthly Federal Financial Participation (FFP) 1500 submission and reconciliation is mandatory. County Health Departments will submit to HQs, DDA all copies of monthly 1500 submissions and reconciliations, no later than 10th working day of the following month.

b. **Process**

E-mail the UFD electronic 4542 Budget file and Budget Narrative for your

Resource Coordination/Case Management, Summer Programs, Individual or

Family Support Service programs to the Developmental Disabilities

Administration's to HQs DDA **and** to Regional Directors. If a roster or 432 is

applicable, they will be e-mailed along with the 4542 budget file and budget

narrative. Submission dates for the FY15 4542 Budget file and Budget narrative

is April 20th, 2014.

Ms. Valerie Roddy
HQs, DDA, Chief Fiscal Officer
201 W. Preston Street
Baltimore, Maryland 21230

Ms. Bette Ann Mobley
Central Maryland Regional Office
1401 Severn Street
Baltimore, Maryland 21230
BAMobley@dhmh.state.md.us

Developmental Disabilities Administration (continued)

Ms. Janice Stallworth
Southern Maryland Regional Office
312 Marshall Avenue
Laurel, Maryland 20707
JWhittle@dhmh.state.md.us

Ms. Brenda Williamson
Western Maryland Regional Office
1360 Marshall Street
Hagerstown, Maryland 21740
PostK@dhmh.state.md.us

Ms. Kimberly Gscheidle
Eastern Shore Regional Office
1500 Riverside Drive
Salisbury, Maryland 21801
GscheidleK@dhmh.state.md.us

END OF DEVELOPMENTAL DISABILITIES ADMINSTRATION
CATEGORICAL GRANT INSTRUCTIONS

HEALTH SYSTEMS AND INFRASTRUCTURE ADMINISTRATION
CORE PUBLIC HEALTH FUNDING

A. Overview of the Core Funding Program

The Core Public Health Funding Program provides State and local matching funds to local health departments for core public health services. The statutory authority for this program is included in §2.301-2.305 of the Health General Article. Seven service areas are specified in the law:

• Infectious disease control services
• Environmental health services
• Family planning services
• Maternal and child health services
• Wellness promotion services
• Adult health and geriatric services
• Administration and communication services associated with the above

State funds for Core Public Health services are allocated to each jurisdiction according to § 2-302 of the Health General Article.

B. Title V - MCH Block Grant Funds in Core

As in years' past, approximately $4.5 million of federal funds from the Title V MCH block grant will be distributed to the LHDs through the Core Funding program. The expenditure of the federal funds in Core must be documented in one of the following PCAs: F416 (child health), F417 (school health), F418 (maternal health), F419 (family planning), and F420 (children with special health care needs).   Services and activities are to be directed to priority areas of need for the State and/or the local jurisdiction. Permitted services and activities include:

(a) Direct Health Care Services ("gap filling") -- Examples: prenatal care, family planning, oral health, and services for children with special health care needs;
(b) Enabling Services – Examples: translation, outreach, respite care, health education, family support services, and case management;
(c) Population-Based Services: Examples: lead screening, immunizations, oral health, injury prevention, school based vision and hearing screening, school health, adolescent pregnancy prevention, nutrition and outreach/public education; and
(d) Infrastructure Building Services: Examples: needs assessment, evaluation, and planning.

These federal funds in Core must be matched with $3 of non-federal (State general or County/local) funds for every $4 of federal funds. To document the use of these federal funds, local jurisdictions must submit a final summary narrative report of program activities for any funds expended in the five MCH-related PCAs by September lst after the close of the fiscal year. The format for the summary report will be provided at a later date.

Health Systems and Infrastructure Administration
Core Public Health Funding (Continued)

C. Medicaid Personal Care Program in Core

In accordance with a change made in FY 2010, the State match dollars for the Medicaid Personal Care Coordination program are to be documented through the Core funding program to assure that State general funds are making up the State match. To receive reimbursement from Medicaid for personal care activities, LHDs must submit a budget file with the Core Funding proposal package showing the estimated State share of MA reimbursement for personal care. For LHDs on the FMIS system, please submit a 4542 budget file using the PCA F430N to be processed for the amount of the estimated State share. For those not on the FIMS system, please show the amount on the Summary of Local Funding (Attachment A/ Form B). After billing Medicaid for personal care program activities, LHDs will receive the full reimbursement (federal and State match). Medicaid will then bill the LHDs quarterly for half of the reimbursement (State match) and that portion will be transferred from the State Core Funds to Medicaid (either through RSTARS or check).

D. Submission of Core Funding Proposal Package
The following documents are required from each local health department:

- **Completed 4542s for State/ Federal Core Funds**

- **Summary of Proposed Local Health Department Funding**
  Summary of Proposed Local Health Department Funding -- Form B is an EXCEL spreadsheet file. Health departments must use this form to report ALL sources of funds, including categorical, local (county), and collections, which contribute to the overall budget of the LHD. If exact figures are not available at the time the proposal is prepared, please provide estimates, and follow up with updated figures by September 1, 2014. To access the blank spreadsheet file, contact Kim Slusar at kslusarr@maryland.gov

Completed 4542s for State/ Federal Core funds budget files can be submitted together in one email to dhmh.PHSCoreFunding@maryland.gov. PLEASE INCLUDE THE NAME OF THE JURISDICTION **AND** THE CONTENTS IN THE SUBJECT LINE and list the attached components in the body of the email.

Summary of Proposed Local Health Department Funding The Summary of Proposed Local Health Department Funding (Form B) Spreadsheet should be sent in a separate email from the budget files. Please include the fiscal year, name of the jurisdiction, DATE and "Summary of Local Health Funding" or "Form B" in the file name and the subject of the email (example: 05-Carroll-5-11-09-FormB).

Send **Completed 4542s for State/ Federal Core funds and Summary of Proposed Local Health Department Funding** by the **DEADLINE: May 15, 2014 to the NEW** PHSCoreFunding MAILBOX:

E-mail: dhmh.PHSCoreFunding@maryland.gov
Core Funding Contact: Kim Slusar
Health Systems and Infrastructure Administration
300 W. Preston St., 4th Floor
Baltimore, Maryland 21201
(410) 767-3431

F. Performance monitoring for Core

To guide Maryland's local health departments toward quality improvement and potential accreditation, performance monitoring for the Core Funding program will be aligned with the preparation activities required by the Public Health Accreditation Board (PHAB) for public health agency accreditation. The DHMH Office of Population Health will be using an online survey system to assess LHD accreditation preparation activities during the year.

In addition, the actions of the Local Health Improvement Coalitions (LHICs) will become part of the Core Funding Performance Monitoring process. LHIC activities and achievements, which are a major component of the State Health Improvement Process (SHIP), will be monitored through a two-page tracking report to be completed and sent electronically to the DHMH Office of Population Health every quarter.

Finally, to determine whether program funds were spent only on one or more of the seven Core Funding service areas, and to determine whether the local match requirement was met, a review of the State and local Core Funding expenditures will be made following the end of FY 2015.

End of Health Systems and Infrastructure Administration
Core Public Health Funding

CATEGORICAL GRANT INSTRUCTIONS
PREVENTION AND HEALTH PROMOTION ADMNISTRATION

INSTRUCTIONS FOR THE PREPARATION OF NARRATIVE AND BUDGETS FOR CATEGORICAL GRANTS

Note: Refer to the General Instructions for further guidance

1. *Office for Genetics and People with Special Health Care Needs*

The Office for Genetics and People with Special Health Care Needs (OGPSHCN) is the focal point for the development of programs, supports and services for children and youth with special health care needs (CYSHCN).

All counties receiving grant money from the OGPSHCN in FY 2014 will need to complete a new grant application. Any county not receiving OGPSHCN funding in FY14 is also eligible to apply for FY15 funding. Grant applications will be sent to Local Health Officers and current CYSHCN contacts around March 2014. Questions regarding OGPSHCN grants should be directed to the OGPSCHN Grants Administrator, Lynn Midgette, at (410)-767-6749 or by email at dhmh.ugagenetics@maryland.gov.

2. *Center for Cancer Prevention and Control*

Breast and Cervical Cancer Program

Separate proposals and budget requests should be submitted for each of the following grants:

1. CDC Breast and Cervical Cancer grant (F676N)

2. Breast Cancer Screening, Cancer Outreach and Diagnosis Case Management (F714N)

3. Breast and Cervical Cancer Diagnosis, Case Management and Treatment (F667N)

Prevention and Health Promotion Administration (continued)

The funding amounts for all three grants will be provided from the Center for Cancer Prevention and Control.

Please use the written guidelines for submitting your grant application that have been developed by the Center for Cancer Prevention and Control. Budgets must be submitted using the DHMH 4542 Budget Package and must also include Form 2, Form 3 and Form 4 (Narrative Justifications).

Application format guidelines may be requested from Ms. Dawn Henninger at (410) 767-5141. The Center for Cancer Prevention and Control will be contacting each LHD regarding the preparation of the DHMH 4542E (Estimated Performance Measures).

Please submit by June 1, 2014, unless directed otherwise, in electronic format to the following email address:

dhmh.ugabccpcancer@maryland.gov

Prevention and Health Promotion Administration (continued)

MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
BCCP PROGRAM

TIME STUDY POLICY AND PROCEDURE MANUAL

Effective Date: July 1, 2006
Revised: September 21, 2010

SECTION: FISCAL

SUBJECT: Time Study Requirements for Staff Paid With Federal (CDC) BCCP Funds

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A.   Policy

Federal regulations require documentation of expenditures for screening-related, non-screening, and administrative activities. During each fiscal year, statewide expenditures for screening related activities shall be no less than eighty percent of the grant award. Statewide expenditures for non-screening activities during each fiscal year shall, be less than or equal to twenty percent.

Time studies shall be performed quarterly by all State and local BCCP agency staff persons who have any portion of their salary paid with Centers for Disease Control and Prevention (CDC) BCCP funds (F676N grant). Time studies shall document the percentage breakdown of BCCP salaries charged to screening related, non-screening and general administration (non-BCCP) activities, and federally funded versus non-federally funded activities. If an employee is partially funded with federal funds, the employee must document time spent on federally funded activities and non-federally funded activities. **The BCCP Program may only be charged for actual hours worked on BCCP screening or non-screening activities as calculated on the Daily Time Study Worksheet.**

B.   Procedure

1.   The time study shall be conducted during the entire third month of each quarter; i.e. September, December, March and June.

2.   All staff shall complete the electronic Weekly Time Study Record, on the days they work during the third month of each quarter in the following manner:

         a.   Enter the employee's local agency, name, total hours worked per week and job classification across the top of the record.

         b.   enter the appropriate dates in the left hand column.

Prevention and Health Promotion Administration (continued)

c.   The first consideration in determining how to code time is the funding source of the employee. Record time in fifteen-minute intervals spent on activities by type of funding source for each of the activity categories

(Screening, Non-Screening, and Non-BCCP) by typing one of the following letters [C, F, S, or X] into the box next to the activity for each fifteen minutes worked.

   i.   F: Type F if the employee was federally funded while performing the activity.
   ii.   S: Type S if the employee was state funded while performing the activity.
   iii. C: Type C if the employee was CRF funded while performing the activity.
   iv.   X: Type X if the employee was funded by any source not listed (other funding source) while performing the activity. X should never be coded unless the employee receives funding from a source other than the BCCP federal grant (F676N), BCCP state grant (F714N), or CRF grant. X should also be used by employees who are funded by the BCCP Diagnosis, Case Management, & Treatment grant (F667N) while performing activities related to that grant.

d.   If an employee receives funding from multiple sources, the secondary consideration in determining how to code time is the nature of the activity being performed and/or the funding source of the BCCP patient. For example, if an employee receives equal funding from both the federal and state BCCP grants, the employee would code approximately half of their time as F and half as S over the course of the time study month. The determination of which specific boxes to code as F or S should be made based on the activities performed or patients worked on throughout a given day.

e.   Submit the electronic version of the Weekly Time Study Record to the BCCP coordinator at the end of the month. The totals will automatically be calculated for federal, state, CPEST, and other funding sources on the summary page of the document. Employees **must** complete the Weekly Time Study Record **electronically** in order for the totals to calculate accurately.

f.   Print and sign the form attesting that the hours shown on Weekly Time Study Record summary page reflect the actual hours worked in the BCCP program.

Prevention and Health Promotion Administration (continued)

3.   The Local BCCP Coordinator shall:

      a.   Verify that the Weekly Time Study Record for each staff person who actually worked in the BCCP program has been completed as required.

      b.   Enter the number of boxes from each staff person's monthly summary sheet to the Monthly Summary (e.g. September Time Study) in the electronic budget package.

4.   The Monthly Summary of Time Study Hours and Quarterly Expenditure Report are included in the financial package that shall be submitted electronically to the DHMH BCCP Fiscal Coordinator, no later than thirty (30) days after the end of the quarter.

5.   Copies of all time study forms for every employee receiving salary support with CDC-BCCP funds shall be kept on file at the agency's office and stored in accordance with the policy and procedure established for other BCCP records.

6.   During site visits or any other time deemed appropriate by the DHMH BCCP Office, individual time study records (Weekly Time Study Records and Monthly Summary of Time Study Hours) may be reviewed and compared against time sheets and payroll in order to ensure that the CDC-BCCP Program is only charged for actual hours worked in the CDC-BCCP Program.

Prevention and Health Promotion Administration (continued)

Center for Cancer Prevention and Control cont.

Form 2
CDC Breast and Cervical Cancer Program
FY 2015 Request Project Code – F676N

_____ County Health Department

Project F676N Object/Description	FY13 Actual Expenses	FY14 Approved Budget	FY15 Total Request	FY15 Request: Screening Costs (Column A)	FY15 Request Other Costs (Column B)
TOTAL					

Prevention and Health Promotion Administration (continued)

Center for Cancer Prevention and Control

Form 2 (A)

Narrative Justification of All Line Items for Services to Women
As Shown in Column A of Form 2

Prevention and Health Promotion Administration (continued)

Center for Cancer Prevention and Control

Form 2 (B)

Narrative Justification of All Line Items for Other Services
As Shown in Column B of Form 2

Prevention and Health Promotion Administration (continued)

Center for Cancer Prevention and Control

Form 3

Breast and Cervical Cancer Program
FY 2015 Request Project Code – F714N

_____ **County Health Department**

Project F714N Object/Description	FY13 Actual Expenses	FY14 Approved Budget	FY15 Total Fund Request
TOTAL			

Prevention and Health Promotion Administration (continued)

Center for Cancer Prevention and Control

Form 4
Requirements for Justification of Budget Items

FY 2015 Budget   Grant: _____   _____Local Health Department

1.   Be specific.

2.   Show each line item from the budget page and demonstrate how the figure was
         determined.

3.   FTE's should be determined by applying the projected percent of time to be spent on
         screening-related or non-screening activities to the full FTE funded by the CDC (F676N)
         grant. For example, if an employee's total FTE in the CDC grant is 0.75, and they are
         projected to spend 60% of their time on screening and 40% of their time on non-
         screening activities, their FTE's would be calculated in the following manner:
                 Screening: [0.75 FTE] x [0.60] = 0.45 FTE in the Screening Costs Justification
                 Other: [0.75 FTE] x [0.40] = 0.30 FTE in the Other Costs Justification
         The amount of each employee's salary to be listed under each justification should be
         calculated in the same manner. In the justifications, please list FTE's only; do not
         indicate hours per week, percent of FTE, etc.

4.   In the justification for items in the Screening and Follow-up Cost center, CDC has stated
         that the justification must show the estimated costs per screening **individual** clients. See
         example.

5.   The following example shows the 80/20 split for the F676N and F667N grants. A
         separate narrative budget justification is **required for each grant** and is required for all
         budget modifications. **The budget justification for the state grant (F714N) shouldn't
         be broken into screening and non-screening related costs.**

         Screening and Follow-up Costs Justification (as shown in Column A of Form 2)

         Other Program Costs Justification (as shown in Column B of Form 2)

CIGARETTE RESTITUTION FUND PROGRAM-
SPECIAL FUNDS

Local Public Health-Cancer Prevention, Education,
Screening &Treatment Program

Submit proposals and budget requests for the Cigarette Restitution Fund Program, Cancer Prevention, Education, Screening, and Treatment grants for FY2015 follow current Local Health funding System Manual. Additionally, the following instructions apply.

1. Grant applications shall follow written guidelines and format as developed by the Center for Cancer Surveillance and Control, Cigarette Restitution Fund Program. For Grant application instructions please contact Barbara Andrews at Barbara.Andrews@maryland.gov or at 410-767-5123.

2. Funding allocation amounts for the Cancer Prevention, Education, Screening, and Treatment grants will be provided by the Center for Cancer Prevention and Control.

3. Budgets shall be submitted for each of the three PCA Cost Centers: Non-clinical, Clinical, and Administrative using the DHMH 4542 (A-M) Electronic Budget Package. In addition a Budget Summary for the total of the three cost center budgets, broken out by PCA Codes, will be required on the CRFP CPEST Budget Summary form. See grant application instructions for additional information and examples.

   Please email the completed electronic budget package, including the CRFP CPEST Budget Summary form, grant narrative and budget justification narrative by May 31, 2014 to the following e-mail address: dhmh.ugacrfcancer@maryland.gov

Prevention and Health Promotion Administration (continued)

Cigarette Restitution Fund Program

Local Public Health Tobacco Use Prevention and Cessation Component

1. Introductions and Purpose

In 2000, the Maryland State Legislature passed Senate Bill 896/House Bill 1425 to establish a Tobacco Use Prevention and Cessation Program in the Department of Health and Mental Hygiene (DHMH or the Department). The funding for this program is provided by the Cigarette Restitution Fund (CRF), established as a result of a multi-state settlement with the tobacco industry in 1998. This legislation directs DHMH to perform certain functions (Maryland General Health Article §§ 13-1001- through 13-1014) in phases beginning Fiscal Year 2001. The funding and activities will follow <u>CDC Best Practices for Comprehensive Tobacco Control Programs</u> and the <u>Task Force to End Smoking in Maryland</u>. Each Health Officer (HO) must establish a Local Community Health Coalition (LCHC) that reflects the demographics of the county.

Representatives of local coalitions (including minority, rural, and medically underserved populations) should be familiar with all communities and cultures in the county.

The following elements constitute the Local Public Health Component:
● Community Initiatives/Coalition Building
● School-based Initiatives
• Enforcement Initiatives
● Cessation Initiatives
• Administration

2. **Plan**

Local Health Officers must develop a Comprehensive Tobacco Use Prevention, Cessation and Control plan, in collaboration with LCHC, which includes the following:

- A list of LCHC members, their ethnicity and organizational affiliations;
- Realistic strategies that are challenging and sufficient to achieve established long term objectives;
- Action plans that address the selected program elements (community/ coalition, school-based, enforcement, and cessation) of a comprehensive local public health tobacco control plan;
- Strategies to help reduce tobacco use among women, **African Americans, Asian Americans, Latino/Hispanics, American Indians,** and youth.
- Strategies to increase availability of and access to cessation programs for uninsured individuals and medically underserved populations;

Prevention and Health Promotion Administration (continued)

Cigarette Restitution Fund Program

- A discussion about how the plan will complement other tobacco control efforts in the county.
- Discussion of how resources will be allocated to meet the needs of different populations in the county, (2) recommendations found CDC Best Practices for Comprehensive Tobacco Control Programs, and (3) The Task Force Report to End Smoking in Maryland;
- Provide a list of all persons/organizations that received funding in FY 13;
- **Discussion of how site visit recommendations are incorporated into the comprehensive plan;**
- Discussion on performance measures that are achievable by the end of the **fiscal year as well as reasons for not meeting proposed performance measures.**

Section 13-1109(D) (7) of the Cigarette Restitution Fund statute states that the comprehensive plan for tobacco use prevention and control shall, "each year after the first year of funding, identify all persons who received money under the local public health tobacco grant in the prior year and state the amount of money that was received by each person under the grant." In order to comply with this statutory requirement, please provide an itemized report of all **fiscal year 2013** expenditures by FT code for any individual person (including employees), vendor, or sub-vendor (i.e. list the name of the person or vendor and the amount of funds received by that entity in fiscal year **2013**.)

1. **Application Due Date**

   Applications must be submitted to DHMH by **May 16, 2014**. The plans should be sent in electronic format to the following email address:

   DHMHUGA-CRFTobacco@maryland.gov

2. **Budget**
   Each area (Administration, Community Initiatives/Coalition, Smoking Cessation, School-based and Enforcement) of the Local Public Health Tobacco Use Prevention and Control Program is considered a different project and must be budgeted and tracked separately.

   Each jurisdiction receives 80K base funding then remaining allocation to LPHC is allocated based on the formula outlined in the Maryland Health General Article §§13-1001 through 13-1014.

Prevention and Health Promotion Administration (continued)

3. Center for Chronic Disease Prevention and Control

All counties receiving grant money from the Center for Chronic Disease Prevention and Control (CCDPC) for FY 15 must submit an updated annual work plan, annual DHMH 4542 Budget Package and quarterly outcome reports as outlined in the original RFA. Funded counties wishing to significantly change performance measures, grant objectives or line items budgets should contact their assigned CCDPC grant manager prior to submission. Please submit all grant information to the email address:

DHMH.ugachronicdisease@maryland.gov

Questions should be directed to Dr. Donald Shell at 410-767-5780 or
Donald.Shell@maryland.gov

4. *Office of Oral Health*

All health departments requesting award money from the Office of Oral Health in FY 2015 will need to complete a new grant application. Grant applications will be mailed to Health Officers and current program coordinators in March 2014.

Questions regarding Oral Health grants should be directed to Ms. Teresa Robertson at 410-767-7922 or dhmh.ugaoralhealth@maryland.gov.

5. **Office of Family Planning and Home Visiting (OFPHV)**

General Guidance

- Local Health Department must consider the following program priorities:
  A. Develop an infrastructure that supports administrative, fiscal, epidemiological and surveillance systems. This will enable the Local Health Departments to increase their capacity to conduct needs assessments, develop and implement strategic plans, monitor and evaluate programmatic performance and health outcomes.
  B. Develop regional and private/public partnerships to assure a continuum of care.
  C. Identify environmental factors that impact on health outcomes and implement programmatic strategies.

- If the Local Health Department combines the Family Planning and Adolescent Pregnancy Prevention Programs as a single proposal, the Adolescent Pregnancy Prevention specific performance measures, strategies and budgets must be clearly identified.

Prevention and Health Promotion Administration (continued)

- Family Planning Activities proposed must be in accord with the most recent Federal Title X Program Guidance and Regulations.
- DHMH 4542 budget package is required for each grant proposal submitted. Therefore, each local health department will submit at separate DHMH 4542 budget packages for Family Planning, Home Visiting, Abstinence, Personal Responsibility Education Program, and Babies Born Healthy. Submit a line item budget justification narrative with budget packages for the Home Visiting Abstinence and Prep programs.
- Each grant proposal must use the OFPHV application which includes the State's Managing for Results Guidance. All narratives must include the following:
  1. Needs Assessment and Progress,
  2. Goals and Objectives,
  3. Strategies and Action Plan,
  4. Performance Measures
  5. Evaluation
- Local Health Departments wishing to use performance measures that are significantly different than those that are listed are to negotiate alternatives with the OFPHV prior to submission of the proposal.
- Local Health Departments that wish to have program budget information posted to FMIS for locally funded projects should contact Chief, DHMH General Accounting Division Budget. Adjustment sheets used for posting to FMIS must be included with the budget submission.

Babies Born Healthy Initiative (BBH)
Updated guidance on Babies Born Healthy grants will be issued by March 2014.

Home Visiting Program (HV)
Target Population: At risk families with children ages 0-8.
Required Performance Measures
Specific performance measures are unique to each award; but at a minimum should include the
a.) Number of families served, and
b.) Number of children served.

Abstinence Education Program (ABS)
Target Population: Adolescents ages 10-19.
Required Performance Measures
Specific performance measures are unique to each award; but should include the
a.) Number of Adolescents served, and
b.) Number of parents/caregivers served.

Prevention and Health Promotion Administration (continued)

Personal Responsibility and Education Program (PREP)

Target Population: Adolescents ages 10-19 and at risk for pregnancy and/or sexually transmitted infections including HIV.

Required Performance Measures

Specific performance measures are unique to each award; but should include the

a.) Number of Adolescents served, and

b.) Number of parents/caregivers served.

Family Planning and Reproductive Health

1. General Clinical Services;

    Target Population: Women at risk for unintended pregnancy who are at or below 250% of the federal poverty level.

    Required Performance Measures:

    a. 90% of 3-year average of unduplicated clients served as transmitted to the Family Planning Data System. (Title X Family Planning requirement).

    b. 90% of 3-year average of Family Planning visits as transmitted to the Family Planning Data System (Title X Family Planning requirement).

2. Adolescent Pregnancy Prevention Services

    Target Population: Adolescents at risk for unintended pregnancy.

    Required Performance Measures:

    a.) Number of clients under 18 years old.

    b.) Number of male clients under 18 years old served by service type.

    c.) Number and type of outreach and community education programs.

    d.) Please submit the Office of Family Planning and Home Visiting categorical grant proposals identified above by June 1, 2014 in electronic format to the following email address:

    DHMH.UGACMCH@maryland.gov

6. Office of Surveillance and Quality Initiatives (OSQI)

Surveillance and Quality Improvement Program (formerly Improved Pregnancy Outcome)

General Guidance:

Local Health Departments (LHDs) must consider the following program priorities:

Prevention and Health Promotion Administration (continued)

A. Develop an infrastructure that supports epidemiological surveillance systems and community action response. This will enable the LHDs to increase their capacity to conduct needs assessment, develop and implement interventions designed to prevent infant and child morbidity and mortality, and monitor and evaluate program performance and health outcomes.

B. Develop regional and private/public partnerships to promote the health of women before, during, and after pregnancy, and to promote the health and safety of infants and children.

C. Identify systems factors that impact health outcomes and implement strategies for change.

Budget Guidance:

A. A narrative should accompany each budget package submitted for FY2015. All of the narratives must include the following: (1) Needs Assessment and Progress, (2) Goals and Objectives, (3) Strategies and Action Plans (including the strategy for FIMR case selection), (4) Performance Measures and (5) Evaluation Plan.

Required Performance Measures (reported monthly):

A. Postpartum Infant and Maternal Referral forms:

1. The <u>number of forms received</u> must be reported monthly to Pam Putman at Pam.Putman@maryland.gov.

Required Performance Measures (reported quarterly):

A. Fetal and Infant Mortality Review (FIMR):

1. Report the <u>number of fetal and infant deaths referred by DHMH during the last quarter</u>. Keep fetal and infant deaths (as defined in the Maryland Vital Statistics Annual Report) separate and list numbers with a slash mark in between. The FIMR Coordinator will review all fetal and infant deaths, and determine those to be reviewed by the FIMR Committee.

2. Report the <u>number of cases reviewed by the FIMR Committee</u>. The strategies used to determine cases for Committee review should be outlined in the FY2014 grant narrative. All congenital syphilis cases reported must be reviewed.

3. Report the <u>number of Community Action Team activities undertaken and describe each in detail</u>. Provide the agenda and attendee sign-in sheet for each CAT meeting.

The majority of the FIMR effort should be expended in the development of recommendations and implementation of community and systems improvements.

B. **Child Fatality Review (CFR):**

1. Report the <u>number of OCME referred deaths during the last quarter</u>. The CFR team must review **ALL OCME referred deaths**. The results of **all case reviews must be entered into the MD CFR database**. Provide the attendee sign-in sheet for each CFR case review meeting.

2. Report the <u>number of community actions undertaken and describe each in detail</u>. **The review of the CFR cases should result in recommendations that will be translated into actions for community and systems improvements.**

Required Performance Measures (reported annually):

A. **Prenatal care providers in the jurisdiction:**

1. A complete <u>list of prenatal care providers</u> (including physicians, nurse midwives, nurse practitioners) must be provided at the end of the grant cycle. Include the provider name, type of provider, address(es) of practice location(s) (indicate the primary location if multiple locations) and e-mail addresses. Also indicate if the provider accepts patients with Medical Assistance and if he/she accepts uninsured patients.

<u>Child Health Systems Improvement Program</u>
(Note – specific required performance measures are unique to each award)

Please submit all Office of Surveillance and Quality Initiatives – Surveillance and Quality Improvement Program and Child Health Systems Improvement Program categorical grant proposals by June 1, 2014 to:

dhmh.ugacmch@maryland.gov

Prevention and Health Promotion Administration (continued)

7. <u>*WIC PROGRAM*</u>

SFY 2015 Budget Instructions

The local agency budget package is an EXCEL-based workbook that includes links to subsidiary schedules. Some of the schedules include cells that are shaded to identify how or by whom that particular field is filled. A four-color coding scheme is used in the budget package. The keys to the four-color coding scheme follow.

<u>Yellow</u> – Any yellow shaded cell is for the sole use of LA staff.

<u>Blue</u> - <u>Do not enter data in any blue shaded cells.</u> Any blue shaded cell is a cell that is either linked to another sheet in the budget package or contains a formula.

<u>Tan</u> – Any tan shaded cell is for the sole use of the DHMH funding administration (State WIC Program) staff. The tan shaded cells are found only on the 4542A – Program Budget Page (Approval) and the Grant Status Sheet (4542M).

<u>Green</u> – Any green shaded cell is for the sole use of the Division of General Accounting (DGA). The green cells are found only on the 4542A -Program Budget Page (Approval) and the Grant Status Sheet (4542M).

<u>Gold</u> – Any gold shaded cell on the 4542-A – Program Budget Page or on the Quarterly Expenditure Report tabs requires the completion of a supplemental schedule.

The cells containing negative numbers, e.g. collections or reductions, must be formatted to contain a parenthesis, for example, ($1,500). Please make sure that neither brackets nor a minus sign appear for negative numbers. The automatic formatting on the page should show as $1,500. The formatting has been set by the Department and should not require correcting.

The parenthesis format is the required structure for file uploading to FMIS. If something other than a parenthesis for negative numbers is used, the budget file will error out of the upload process.

Local agencies are encouraged to consolidate their use of budget line items. The Program Budget Page provides a list of commonly used line items. **Please do not insert or delete any rows or use "Cut and Paste". To do so, will fracture the links to the budget upload sheet. DO NOT write over existing line items – any new line items must be added at the bottom of the page.**

Prevention and Health Promotion Administration (continued)

4542 A - Program Budget Page

Funding Administration – Prevention and Health Promotion Administration

Local Agency - Enter name of submitting local agency

Address – Enter mailing address where information should be sent regarding program and fiscal matters
City, State, Zip Code – Enter relative to above address

Telephone # – Enter number, including area code, where calls should be directed regarding program and fiscal matters

Project Title – WIC Program

Grant Number - Enter the DHMH award number from the UFD, e.g., WI300WIC Note: private providers should use their contract number

Contact Person – Enter the name of the individual(s) who should be contacted at the above telephone number regarding fiscal matters related to this grant award

Federal I.D. # - Enter the Federal I.D. # for the local agency

Index (local health departments only) – Enter the county index number for posting to FMIS (see attached list)

Award Period - Enter the period of award, e.g., July 1, 2014 - June 30, 2015

Fiscal Year - Enter applicable state fiscal year, e.g., 2015

County PCA (local health departments only) – enter the County PCA code that will be charged for this grant, e.g., F705N; **only one PCA per budget.**

File Name (local health departments only) – Enter the file name exactly in the format as indicated below. Each LHD budget file must have a unique file name in the following format. **There are no exceptions to this file name format.** Please complete the file name exactly as indicated, including the dashes. Please note that all data must be in caps, there can be NO blank spaces, apostrophes, or period the file naming convention.

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Prevention and Health Promotion Administration (continued)

- File Name Format: FY-County-PCA-Grant #-Suffix for Modification, Supplement, Reduction – no blank spaces in name, e.g.,

15-HOWARD-F705N-WI300WIC (this would be an original budget)
15-HOWARD-F705N-WI300WIC-MOD1
15-HOWARD-F705N-WI300WIC-RED1
15-HOWARD-F705N-WI300WIC-SUP1

File name (private local agencies) – Enter the file name in the format listed below with no blank spaces:

- For original budget submission: Fiscal Year-Agency name (15-HOPKINS)
- For a modification: Fiscal Year-Agency name-Mod#1 (15-HOPKINS-MOD1)

- For a supplement or reduction: Fiscal Year-Agency Name-Supp#1 or Red#1 (15-HOPKINS-SUP2)

Date Submitted - Enter the date the budget package is submitted to the funding administration

Original Budget, Modification #, Supplement #, Reduction # - If this is the original budget submission for the award, enter "yes." If this is a modification, supplement or reduction, enter "no" and "#1", "#2", etc. on the appropriate line.

Summary Total Columns (above line item detail)
- Current Budget Column
- DHMH Funds Mod/Supp (Red) Column
- Local Funds Mod/Supp (Red) Column
- Other Funds Mod/Supp (Red) Column
- Total Mod/Supp (Red) Column

The budget package accumulates the total of the line item budget detail. These totals provide the break out of funding for DHMH, local and/or other funds for the original budget and any subsequent budget actions.

Please note that the calculated fields (blue shaded cells) are formatted in the spreadsheet to show cents. This was done to provide an indication that the line item detail contains cells with cents in error. If the totals in this section contain cents, reexamine the line item detail and correct the line item budget. Do not modify the formulas in this section to adjust for the cents. The budget should be prepared in whole dollar increments, and therefore should not contain cents either by direct input or formula.

Descriptive lines used in this section follow.

Prevention and Health Promotion Administration (continued)

- Direct Costs Net of Collections – **Do not enter data in this row.** This row contains a formula that calculates the total direct costs net of collections.

- Indirect Costs –The allowed amount of indirect cost is calculated automatically on the Indirect Cost Calculation Form (4542-K) once the budgeted salary amounts are entered on the Program Budget Page (4542-A). The allowed indirect calculated on the 4542-K will be entered automatically on the 4542-A. <u>If you are budgeting less than the allowed amount of indirect as calculated on the 4542-K, you will have to adjust the budgeted indirect as indicated on the 4542-K.</u>

- Total Costs Net of Collections - **Do not enter data in this row.** This row contains a formula that calculates all line item postings, including collection line items, entered in the line item budget detail in each respective column.

- DHMH Funding – **Do not enter data in this row.** This row contains a formula that calculates the DHMH Funding Amount by subtracting the Total All Other Funding and Total Local Funding from the Total Costs Net of Collections.

- All Other Funding – **Do not enter data in this row.** This row contains a formula that calculates all line item postings, including collection line items, entered in the line item budget detail in the All Other Funding column.

- Local Funding - **Do not enter data in this row.** This row contains a formula that calculates all line item postings, including collection line items, entered in the line item budget detail in the Local Funding column.

- Total Mod/Supp/ (Red) Column – **Do not enter data in this row.** This column contains a formula that simply calculates the total of the postings in the previous three columns in this section.

<u>*DHMH Program Approval*</u> *– (tan shaded cell) Do not enter any information in this section. This section is reserved for the use of the DHMH funding administration.*

<u>*Division of Grants & Local Health Accounting Approval*</u> *– (green shaded cell) Do not enter any information in this section. This section is reserved for the use of the DGLHA staff.*

4542 A - Program Budget Page - Line Item Budget Detail Section

Line Item Number / Description (columns 1 & 2) - For local health departments, enter the line item numbers from the state Chart of Accounts**. Commonly used line items are provided on this form**. **You may not write over existing line items. New line items must be added to a blank cell at the bottom of the line item listing. It is very important to note that rows not be inserted or deleted nor should the "Cut and Paste" edit feature be used. To do so, will fracture the links to the budget upload sheet and the file will not upload to FMIS**.

Prevention and Health Promotion Administration (continued)

Line Item 0802 - This line item is to be used to report expenditures for WIC temps assigned to work in your local agency.   The cost of WIC temps cannot be included in the calculation of Indirect Cost.

DHMH Funding Request (column 3) - Enter by line item the amounts to be supported with DHMH funds.

Local Funding (column 4) - Enter by line item the amounts to be supported with local funds.

All Other Funding (column 5) – Enter by line item the amounts to be supported with funds other than DHMH Funding and/or Local Funding.

Total Other Funding (column 6) – This column contains a formula that adds Local Funding (column 4) and All Other Funding (column 5).

Total Program Budget (column 7) - This column contains a formula that adds the DHMH Funding (column 3), Total Other Funding (column 6), and Total of Modification/Supplements or Reductions (column 11).

DHMH Budget, Local Budget, Other Budget – Modification, Supplement, or Reduction (columns 8, 9, 10 and 11) - Enter by line item and funding source (i.e., DHMH, local or other) any changes due to Budget Modifications Supplements, or Reductions. The Total Program Budget (column 7) will be recalculated to include these changes. Please remember that the new Total Program Budget (column 7) will become the new base budget for any subsequent budget submissions.

Supplementary Subsidiary Budget Forms (4542 B thru 440 A)

The following forms have been modified to include links that pull information from the 4542A form. The cells shaded in blue are either linked to another sheet or contain a formula. Please do not enter data in these fields or cells.   The fields will be populated automatically upon completion of the 4542A form. **Please do not enter data into a blue shaded cell.**

4542 B - Budget Modification, Supplement or Reduction
Line Item Changes and Justification

This form is required ONLY for Budget Modifications, Supplements or Reductions. This form should contain the changes (+ or -) from the most recently approved budget by line item. Specify the type of funding that is affected by the change (i.e., DHMH Funding, Local Funding or All Other Funding) and justification for the change. Please note that justification is required for changes to fee collections.
This schedule contains links to the Program Budget Page (4542A) that pull the line item number and the amount from Column 11.

Prevention and Health Promotion Administration (continued)

A formula is supplied that accumulates the total of the changes on this page, cross checks the total to the budget page and provides a check total (which should equal zero). These cells are shaded in blue and should not be modified by the LHD.

4542 C Estimated Performance Measures

The performance measures for the WIC Program are:
"To serve at least 97% of the assigned caseload." Enter your assigned caseload.

The performance measures for the BFPC Program are:
"To increase breastfeeding rates for infants by 1% over the prior year"

4542 D Schedule of Salary Costs

For local health departments: Enter the required information for all Merit System employees.

For private agencies: Enter the required information for all employees.

Classification – First, enter one of the following: Coor (local agency coordinator); CPA; CPPA; BFPC; Cler (clerical); Other (specify). Next, enter the job title or classification of the employee (i.e. Nurse, Nutritionist, etc.). The entry should appear as: CPA – Nurse III or Cler – Office Assistant II.

Name – Enter the name of the employee, hire date and note term date.

Grade / Step – To be completed for State employees only. Enter the grade and step of the employee in the following formats. If an employee is a grade 12 and has a July increment from Step 5 to Step 6, the entry would appear as: 12 / 6. If an employee is a grade 10 and has a January increment from Step 3 to Step 4, the entry would appear as: 10 / 3-4.

Daily Time Studies Required? – Enter Yes or No based on whether or not the employee is required to document their time on a daily basis for the entire year (see Policy 6.01 Time Study Requirements for Staff Paid with WIC Funds).

Is employee also budgeted in the BFPC Program? – Enter Yes or No based on whether or not part of the employee's salary is also budgeted in the BFPC Program.

WIC FTE – enter the WIC full time equivalent. If an employee is full time and works only in the WIC program, the WIC FTE would be 1.0. If an employee works 80% and only in the WIC Program, the WIC FTE would be .8. If an employee is 80% and works 2 days per week in the WIC Program, the WIC FTE would be .4.

WIC Funded Salary – Enter the amount of the employee's salary that will be supported with WIC Funds.

Prevention and Health Promotion Administration (continued)

Total Salary – Enter the employee's Total Annual Salary. If an employee works in WIC and another program, this would be their total salary from all programs.

Formulas have been added to the bottom of this page to compare the totals on Salary page to the totals for these line items on the Program Budget Page (4542 A). If there is any difference shown, you must make the appropriate corrections so that the totals on both forms agree.

4542 E – Schedule of Special Payments and Contractual Payroll

This schedule has been separated into two sections – Special Payments Payroll and Other Contractual Payroll.

For local health departments: Enter the required information for all Special Payments Payroll or Contractual employees.

 For private agencies: Do not complete this page.

Classification – First, enter one of the following: Coor (local agency coordinator); CPA; CPPA; BFPC; Cler (clerical); Other (specify). Next, enter the job title or classification of the employee (i.e. Nurse, Nutritionist, etc.). The entry should appear as: CPA – Nurse III or Cler – Office Assistant II.

Name – Enter the name of the employee.

Grade / Step – To be completed for State employees only. Enter the grade and step of the employee in the following formats. If an employee is a grade 12 and has a July increment from Step 5 to Step 6, the entry would appear as: 12 / 6. If an employee is a grade 10 and has a January increment from Step 3 to Step 4, the entry would appear as: 10 / 3-4.

Daily Time Studies Required? – Enter Yes or No based on whether or not the employee is required to document their time on a daily basis for the entire year (see Policy 6.01 Time Study Requirements for Staff Paid with WIC Funds).

Is Employee Also Budgeted in BFPC Program - Enter Yes or No based on whether or not part of the employee's salary is also budgeted in the BFPC Program.

WIC FTE – enter the WIC full time equivalent. If an employee is full time and works only in the WIC program, the WIC FTE would be 1.0. If an employee works 80% and only in the WIC Program, the WIC FTE would be .8. If an employee is 80% and works 2 days per week in the WIC Program, the WIC FTE would be .4.

WIC Funded Salary – Enter the amount of the employee's salary that will be supported with WIC Funds. Fringe costs for Special Payments Payroll employees should be reflected in Item 0291 FICA, and 0292 Unemployment Insurance.

Prevention and Health Promotion Administration (continued)

Other Contractual Services (Item 0299) Worksheet Only:
If certain WIC employees are budgeted in Item 0299 Other Contractual Services, the amount of the employee's salary that will be supported with WIC Funds should be shown in the WIC funded salary column. The fringe costs (FICA and unemployment) for these employees should be shown in the Fringe Costs column.

The total of both salary and fringe costs for these employees are to be budgeted in Item 0299. Indirect cost may only be claimed on the salary portion of this line item. Indicate whether or not part of the employee's salary is also budgeted in the BFPC Program.

Formulas have been added to the bottom of this page to compare the totals on the Special Payments Payroll or Contractual Payroll page to the totals for these line items on the Program Budget Page (4542 A). If there is any difference shown, you must make the appropriate corrections so that the totals on both forms agree.

4542 F - Schedule of Consultant Costs

All fields should be completed on the schedule. Please list the individual consultant's name. If payment will be made to a business, list the firm's name also. List the consultant's professional area; the hourly rate and the budgeted total annual hours. The "Total Cost" is calculated by multiplying the "Hourly Rate" times the "Total Hours".

The two totals (formula provided) for this schedule must equal the total of Object .02 line items, excluding line items 0280, 0289, 0291 and 0292 amounts on the Program Budget page (DHMH 4542A). The "DHMH Funded Cost" amount on this schedule must equal the sum of the amount

in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for Object .02 exclusive of the aforementioned line items. The "Total Cost" amount on this schedule must equal the Object .02 total exclusive of the aforementioned line items in the Total Program Budget Column (col. 7) on the DHMH 4542A.

> *Note:* The consultant-contractor relationship is defined by the individual, personal delivery of service where the consultant has a high degree of autonomy over his/her use of time, selection of process, and utilization of resources. The IRS guidelines can be used to assist in defining the employer/employee relationship and to distinguish between a consultant and an employee.

4542 G - Schedule of Equipment Costs

Special Instructions for WIC Program ONLY:

This schedule must list **all** equipment items to be purchased that will be assigned an inventory number - **regardless of cost**.

Prevention and Health Promotion Administration (continued)

The equipment page has been divided into two sections. Equipment to be purchased using your normal WIC funding should be shown in Section I. Equipment to be purchased using special funding awarded by the State WIC Office should be shown in Section II. Any unspent special funding must be returned to the State WIC Office and cannot be used for any other purpose.

The description column should list the item to be purchased and its proposed use. Indicate if the item is additional equipment or to replace equipment purchased previously with DHMH funds. If more space is needed, continue the narrative within the column. Use additional pages as necessary.

The total for this schedule must agree with the total of all equipment line items on the Program Budget page (DHMH 4542A). The "WIC Funded Cost" amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for all equipment line items. The "Total Cost" amount on this schedule must equal the amount for all equipment line items in the Total Program Budget Column (col. 7) on the DHMH 4542A.

Formulas have been added at the bottom of the Equipment Page (4542-G) to compare the total budgeted equipment to the amounts budgeted for all equipment line items on the Program Budget Page (4542 A). If there is any difference shown, you must make the appropriate corrections so that the totals on both forms agree.

As equipment is purchased during the year, you must enter the actual cost of each equipment item purchased in the appropriate column on the Equipment Page (4542-G)

Formulas have also been added to the Equipment Page (4542-G) to compare the actual expenditures to the actual expenditures for all equipment line items reported on the quarterly expenditure reports. If there is any difference shown, you must make the appropriate corrections so that the totals on both forms agree.
The following information must be entered on the Equipment Page (4542-G): inventory number, serial number, manufacturer, date received and location of item.

This information should be entered as the equipment is purchased throughout the year but must be included with the submission for the quarter ending June 30th. Entering this information on the Equipment Page (4542-G) will eliminate the requirement for the submission of the WIC Program Inventory Item (Form 6.02A) for NEW purchases.

The WIC Program Inventory Form will still have to be submitted to the State WIC Office if equipment items are transferred to another location, have been disposed of, or have been sent to surplus.

Prevention and Health Promotion Administration (continued)

4542 H - Purchase of Care Services (Line Item 881)

This line item should not be used by the WIC Program.

This schedule is to be used to detail any amounts reflected on the Purchase of Care line item (0881) on the Program Budget page (4542A). This schedule and line item 0881 should only be used for health related unit price contracts and fixed price contracts with organizations. It is **not** to be used for cost reimbursement contracts. List the type of service, the contract type (fixed price or unit price), the vendor from whom the service is to be purchased, the performance measures relative to the purchased service and the DHMH funded cost and total cost for each service.

The two totals (formula provided) for this schedule must agree with the purchase of care line item (0881) amounts on the Program Budget page (DHMH 4542A). The "DHMH Funded Cost" amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for line item 0881. The "Total Cost" amount on this schedule must equal the purchase of care (line item 0881) amount in the Total Program Budget Column (col. 7) on the DHMH 4542A.

4542 I – Human Service Contracts (Line Item 896)

This line item should not be used by the WIC Program.

This schedule is to be used to detail any amounts reflected on the Human Service Contract line item (0896) on the Program Budget page (4542A). This schedule and line item 0896 is to be used **only** for health related cost reimbursement contracts with organizations. List the type of service, the vendor from whom the service is to be purchased, the performance measures relative to that purchased service and the DHMH funded cost and total cost for each service.

The two totals (formula provided) for this schedule must agree with the human service contracts line item (0896) amounts on the Program Budget page (DHMH 4542A). The "DHMH Funded Cost" amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for line item 0896. The "Total Cost" amount on this schedule must equal the human service contracts (line item 0896) amount in the Total Program Budget Column (col. 7) on the DHMH 4542A.

Formulas have been added to the bottom of this page to compare the totals on the Equipment page to the totals for these line items on the Program Budget Page (4542 A). If there is any

difference shown, you must make the appropriate corrections so that the totals on both forms agree.

4542 J – Detail of Special Projects (Line Item 899)

Special Instructions for WIC Program ONLY:

This schedule is to be used to detail any amounts reflected on the Special Projects line item (0899) on the Program Budget page (4542A). Special Projects are projects for which special funding is received from the State WIC Office. These projects must be budgeted and reported separately from other WIC funding. Unspent funds from Special Projects must be returned to USDA and cannot be used to support other line items in the WIC budget. <u>Actual costs must be entered on this schedule and must agree with the costs reported on the quarterly expenditure reports.</u> The two totals (formula provided) for this schedule must agree with the special projects

line item (0899) amounts on the Program Budget page (DHMH 4542A). The "DHMH Funded Cost" amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for line item 0899. The "Total Cost" amount on this schedule must equal the special projects line item (0899) amount in the Total Program Budget Column (col. 7) on the DHMH 4542A.

Formulas have been added to the bottom of this page to compare the budgeted total on Special Projects page to the amount budgeted for this line item on the Program Budget Page (4542 A). If there is any difference shown, you must make the appropriate corrections so that the totals on both forms agree.

As funds are expended for special projects during the year, the "WIC Funded Actual Cost" column must be completed. The total of the "Actual Cost" columns must agree with the year-to-date expenditures for the Special Projects line reflected on the quarterly expenditure reports.

4542 K_-_Indirect Cost Calculation Form

Special Instructions for WIC Program ONLY:

For the WIC Program, indirect cost is limited to 25% of salary line items only (Items 0111, 0171, 0181, 0182, 0280, and the salary portion of 0299). This form includes formulas for the calculation of indirect costs once the budgeted salary line items are entered on the Program Budget (4542-A). **A formula has been entered on the Program Budget Page (4542-A) to**

Prevention and Health Promotion Administration (continued)

pull the allowed indirect into the correct cells from line 45 on the Indirect Cost Calculation Form (4542-K).

If your agency chooses to use a percentage less than the maximum rate of 25%, please adjust the percentage as indicated on the Indirect Cost Calculation Form (4542-K).

If you are budgeting a flat amount for indirect cost (less than the maximum allowed), please adjust the formula as necessary on the indirect cost line on the Program Budget Page (4542-A) to pull the amount from the correct column on line 72 of the Indirect Cost Calculation Form (4542-K). Indicate the amount of indirect actually budgeted in the "Alternate Method" space as indicated below the calculation. Include an explanation (e.g. in order to stay within the grant award, indirect was budgeted at $xxxxxx).

Please note that expenditures for WIC Temps assigned to work in your agency are to be reported in Item 0802 and are <u>not</u> to be included in the calculation of Indirect Cost.

Formulas have been added to the bottom of this page to compare the budgeted total on Indirect Cost Calculation page to the amount budgeted for this line item on the Program Budget Page (4542 A). If there is any difference shown, you must make the appropriate corrections so that the totals on both forms agree.

4542 L - Budget Upload Sheet (DGA Use Only)

The purpose of this sheet is to upload the budget into FMIS. **Local health department personnel should not enter any information directly onto this sheet. This sheet is for use of DGLHA only.** Data will be entered automatically on this form as the Program Budget Page (4542A) is completed. Please do not attempt to enter data on to this sheet or to modify it in anyway.

4542 M – Grant Status Sheet (For Funding Administration Use)

The purpose of this schedule is to provide sufficient information for DGLHA to post grants to the UFD and to track various types of UFD actions. <u>This form is to be completed by the funding administration and forwarded to DGLHA.</u> The funding administration should enter information in all tan shaded fields. Some information fields (blue) on this schedule will be filled automatically from links to the Program Budget Page (4542A). Formula totals (blue) are provided in the section detailing the County PCA, Program Administration PCA , Federal Fund Tracking #, etc. The lone green shaded

Prevention and Health Promotion Administration (continued)

cell is for DGA to enter the date the Grant Status Sheet was received in DGLHA.

DHMH 4293-2 (WIC Program In-Kind Contributions) - OPTIONAL

Enter the description, the WIC category and dollar value of the In-Kind contributions.

Incentive – Outreach Items

Effective July 1, 2011 (SFY 2012), local agencies may not purchase any Incentive or Outreach items. Items will be purchased by the State WIC Office and can be ordered from the Statewide Distribution Center.

This worksheet is to be used to report all Nutrition Education or Breastfeeding Promotion incentive items as well as all outreach items. Please review P&P 6.05 Outreach, Nutrition Education and Breastfeeding Promotion Items.

NE or BF Incentive Items:

Description of Item – enter a description of the item purchased

Line item – enter the line item number in the budget where the expenditures are reported

NE or BF – enter NE or BF if the item being purchased is for nutrition education or breastfeeding support.

Cost per item – enter the cost per item

Quantity – enter the quantity purchased

Total cost – enter the total cost (should be the cost per item multiplied by the quantity)

Outreach Items:
Enter the same data requested.

This worksheet must be completed and submitted with the quarterly expenditure report. If no incentive or outreach items are purchased during the quarter, please enter "no purchases during quarter" on the worksheet.

Prevention and Health Promotion Administration (continued)

Time Studies

Effective April 1, 2011, time studies have been incorporated into WIC's management information system (WOW). The new procedures are:

1) During the time study month, WIC employees enter and certify their time on a daily basis.

2) After the end of the time study month, the coordinator (or their designee) reviews and approves all of the time study data.

3) The coordinator (or their designee) enters the FTE data for the applicable time study month into WOW

4) Once all time study/FTE information has been entered and approved, the coordinator (or their designee) prints the following reports:
"Quarterly Time Study Percentages" - all agencies

"Daily Time Study Percentages" - agencies that have employees that complete daily time studies and agencies that have employees that split their time between WIC, and/or BFPC, Non-WIC Programs under circumstances where daily time studies would be required (See P&P 6.01)

5) If information is missing or has not been approved, the "Quarterly Time Study Percentages" report will print with a watermark that says "Incomplete". If the report that you receive contains the "Incomplete" watermark, return the report to the Coordinator (or their designee) so that the issues can be resolved.

6) Once the final "Quarterly Time Study Percentages" report has been received, enter the percentages (rounded to 1 decimal) at the bottom of the applicable quarterly expenditure report in the budget file. The total of the percentages must equal 100.0%.

7) If applicable to your agency, enter the information from the "Daily Time Study Percentages' report in the "Daily WIC-BFPC-Non-WIC" worksheet in the budget file. The only change to this process is that you will now get the report of hours from WOW.

Daily WIC / BFPC / Non-WIC Time Study Worksheet

This worksheet has been designed to calculate the actual salary and fringe costs for the quarter that should be charged to the WIC Program for employees who are required to keep daily time studies and for breastfeeding peer counselors whose salaries are charged to both WIC and BFPC funding.

Prevention and Health Promotion Administration (continued)

Once all time study and FTE data has been entered into WOW, the Local Agency Coordinator (or their designee) will print the "Daily Time Study Percentages" report from the Admin module of WOW. On the Daily WIC / BDFPC / Non-WIC worksheet, enter the Total # of hours for WIC / BFPC / Non-WIC as shown on the "Daily Time Study Percentages" report.

This worksheet must be completed on a quarterly basis for all employees who are required to complete daily time studies all year long (see Policy 6.01 Time Study Requirements for Staff Paid with WIC Funds) or for breastfeeding peer counselors whose salaries are charged to both WIC and BFPC funding. The worksheet has been set up to report information for up to 6 employees. If you have more than 6 employees who are required to keep daily time studies, copy the formulas for the additional number of employees needed.

The WIC Program may only be charged for actual hours worked in the WIC Program for employees who are required to keep daily time studies and for breastfeeding peer counselors whose salaries are charged to both WIC and BFPC funding.

At the end of each quarter, the actual hours worked as indicated on the "Daily Time Study Percentages" report, along with the salary and fringe costs for each employee who is required to keep daily time studies should be entered on the Daily WIC / BFPC / Non-WIC Worksheet.

Employee Name – enter the name of the employee

Classification – enter the classification of the employee

Hours Worked – for employees who are required to keep daily time studies, enter the WIC and Non-WIC hours worked.

For employees whose salaries are supported by both WIC and BFPC funding (and have no hours worked in another program), enter the hours worked for the time study month only. No data will be entered for the 2nd and 3rd month of the quarter.

Salary – enter the total salary paid for the employee for the entire quarter

Fringe – enter the total fringe paid for the employee for the entire quarter

The total salary and fringe that can be charged to the WIC Program and to the BFPC Program for the quarter will be calculated automatically based on the WIC hours worked.

If you are charging less salary and fringe to WIC than the allowable amount calculated, enter the actual amount of salary and fringe charged to WIC for each quarter in the section indicated.

Prevention and Health Promotion Administration (continued)

Quarterly Expenditure Reports

Once all time study and FTE data has been entered into WOW, the Local Agency Coordinator (or their designee) will print the "Quarterly Time Study Percentages" report from the Admin Module of WOW.

At the bottom of the applicable quarterly expenditure report, manually enter the percentages (rounded to one decimal) in each of the cost categories. The cells where the percentages are to be entered are highlighted in pink. The total of the percentages must equal 100.0%.

Each local agency must spend **at least 20%** of their award for Nutrition Education. In addition, each agency must spend **at least 5**% of their award for Breastfeeding Promotion and Support.

Local Agency Name, Award Number and Budget Period - These fields will be completed automatically from the Program Budget (4542-A).

Federal ID Number - Enter your 9 digit federal tax ID number.

Address - Enter your mailing address.

Report Prepared by, Date Prepared, Telephone # - Complete these fields as appropriate.

Line Item Description, Approved Budget - These fields will be completed automatically from the Program Budget (4542-A). There are blank lines at the bottom of the Program Budget (4542-A) that contain formulas to carry the information to the quarterly expenditure reports and WIC budget. **DO NOT INSERT NEW LINE ITEMS IN THE SHADED AREAS.** If line items need to be added during the year, they must be added on the blank lines at the bottom of the Program Budget (4542-A) and will be carried forward to the quarterly report formats. If additional line items need to be added and you are not sure how to do this, please call for assistance.

Current Quarter –. Go to the column to the right of the Total Expenditures column. Enter your total expenditures for the current quarter (please limit your entry to 2 decimal places).

- ▪ Allowable indirect cost for each quarter will be calculated automatically at the bottom of each quarterly report once the quarterly expenditures for the salary items have been entered. The allowable indirect cost will then be entered automatically in the Current Quarter column on the indirect cost line. If you are budgeting less than the allowable amount for Indirect Cost, you will have to change the formula to charge one quarter of the budgeted Indirect Cost for each quarter.

Prevention and Health Promotion Administration (continued)

Clinic, Nutrition Education, Breastfeeding, Program Operations - The expenditures for salaries, fringe, maintenance, postage, telephone, utilities, housekeeping, office supplies, insurance, rent, and indirect cost will be allocated automatically to the different WIC categories based on the percentages from the Quarterly Time Study Summary for the appropriate quarter. If there is a line item that you can provide justification for being allocated based on the time study percentages but there is no formula in that row, copy the formula from the salary line item to the appropriate line item. All Year-to-Date columns contain formulas - do not enter anything in these columns.

- ▪ **You may NOT allocate all items based on the percentages from the Quarterly Time Study Summary.** Items such as out-of-state travel, training, and subscriptions must be allocated to the appropriate category. For example, the registration fee for a nutrition conference must be allocated 100% to Nutrition Education; a subscription to a breastfeeding magazine must be allocated 100% to Breastfeeding, etc. Costs that are not allocated based on the percentages from the Agency Quarterly Time Study Summary will have to have the amounts allocated to the applicable WIC category. ALWAYS use the @round feature when entering formulas.

Current Quarter Unallocated - This column will indicate any line item that has not been allocated to the WIC categories.

These amounts must be allocated to the appropriate WIC categories. This can be done by manually entering the amounts applicable in the Current Quarter column under each WIC category. After each line item has been allocated, the total in the Current Quarter Unallocated column should be zero. There may be a rounding difference in cents. An adjustment must be made to the individual line item in a WIC category to correct the rounding difference. The correction must be made in the Current Quarter columns in the appropriate category, **not in the Year to Date column**. If possible, make the correction in the Program Operations Category.

Balance Remaining - This column shows the budget balance remaining in each line item and can be very useful to local agencies.

DHMH 440 - Annual Report – Year End Reconciliation (Optional)

Local health departments may use FMIS in lieu of the DHMH 440 Report.

If a local agency is filing a DHMH 440 Report, the budget and expenditures will be completed automatically. Please complete appropriate information (yellow shading) as needed. If you do not use the DHMH 440 from this budget package, please remember that the total expenditures on the DHMH 440 and the June quarterly expenditure report must agree.

Prevention and Health Promotion Administration (continued)

DHMH 440A - Performance Measures Report

All local agencies must complete this form. Some information (blue shading) is pulled from other budget forms. The "Final FY Count" (yellow shading) is to be completed with the average participation for the state fiscal year.

DUE DATES

Quarterly Reports and Budget Modifications:

Quarterly expenditure reports are due **thirty days** after the end of the quarter. Budget modifications are due April 30th of each year and should be included with the third quarter report submission. This requirement will be strictly enforced. Reports are due on the following dates:

Quarter Ending	**Due Date**
September 30th	October 31st
December 31st	January 30th
March 31st	April 30th (including budget modifications)
June 30th	August 14th

Files should use the same file name as the budget submission with an extension showing the quarter number. For example, Howard County's 2nd quarter report would be named: 15-HOWARD-F705N-WI300WIC-2.xlw.

Private local agencies should use the format "fiscal year-local agency name-quarter number "– for example: "15-HOPKINS-2.xlw".

The completed quarterly reports must be submitted electronically by the due dates to:

DHMH.UGAWIC@MARYLAND.GOV

NOTE: Please do not e-mail files to individual WIC employees. Send files only to the e-mail address above.

Prevention and Health Promotion Administration (continued)

Annual Budget Submission:

The SFY 2015 annual WIC budget package is due by **May 30, 2014**. You will receive by e-mail a blank file to be used for your budget submission. DO NOT use the prior year's budget package. The completed budget package must be submitted electronically (using the file name as indicated in these instructions) to:

DHMH.UGAWIC@MARYLAND.GOV

NOTE: Please do not e-mail files to individual WIC employees. Send files only to the e-mail address above.

8. Infectious Disease

The Prevention and Health Promotion Administration will let categorical grants to certain Local Health Departments in the following areas:

    A. Tuberculosis Prevention and Control
    B. Immunization
    C. Sexually Transmitted Infection
    D. Migrant Health
    E. Refugee Health
    F. HIV/AIDS

Specific program requirements and guidance in preparing program plans is available from the program monitors in the Prevention and Health Promotion Administration. Progress toward objectives will be assessed through the Office of Infectious Disease Epidemiology and Outbreak Response and the Office of Infectious Disease Prevention and Care Services site review process and periodic reports (if requested by the program monitor).

Budget files should be prepared using the DHMH 4542 Budget Package. The DHMH 4542 should list all personnel funded by the categorical grants. The list should specify job classifications, name of incumbent, percentage of time worked, and corresponding salaries, wages, and fringe benefits.

An updated narrative and electronic budget file are to be transferred electronically to the appropriate program monitor as listed below by May 10, 2014, unless otherwise specified.

A. Tuberculosis Prevention and Control

    Goals: U.S.-born persons national case rate target: 0.7/100,000
                Foreign-born persons national case rate target: 14.0/100,000
                U.S.-born non-Hispanic Blacks national case rate target: 1.3/100,000
                Children < 5 years of Age national case rate target: 0.4/100,000

    Process Objectives and Indicators:

      Tuberculosis Treatment:

        a. 86% of tuberculosis cases will have positive or negative HIV test results reported.

b. 93% of tuberculosis cases with a pleural or respiratory site of disease in patients 12 years or older will have a sputum-culture result reported.

c. 92% of tuberculosis cases will be prescribed the ATS/CDC recommended four-drug course of therapy (isoniazid, rifampin, pyrazinamide and ethambutol or streptomycin).

d. 100% of culture-positive tuberculosis cases will have initial drug susceptibility results reported

e. At least 70% of TB patients with positive sputum culture results will have documented conversion to sputum culture negative within 60 days of treatment initiation.

f. At least 94% of tuberculosis cases, alive at diagnosis and started on any drug regimen, will receive directly observed therapy.

g. 92% of patients with newly diagnosed TB, for whom 12 months or less of treatment is indicated, will complete treatment within 12 months.

Contact Investigations

a. 99% of TB patients with positive AFB sputum smear results will have contacts elicited.

b. At least 89% of contacts to sputum smear-positive tuberculosis cases will be fully evaluated for infection and disease.

c. At least 82% of contacts to sputum AFB smear-positive tuberculosis cases with newly diagnosed latent TB infection will initiate treatment.

d. At least 76% of contacts to AFB sputum smear-positive tuberculosis cases who have started treatment for newly diagnosed latent TB infection will complete treatment *

* Individuals co-infected with HIV and/or foreign-born individuals from countries where TB is endemic are at very high risk for developing active TB disease; and should be treated for latent TB infection with the goal of 100% treatment completion.

Evaluation of Immigrants and Refugees

a. At least 25% of immigrants and refugees with abnormal chest x-rays read overseas as consistent with TB, will have medical evaluations initiated within 30 days of arrival.

b. At least 45% of immigrants and refugees with abnormal chest x-rays read overseas as consistent with TB will have completed medical evaluations within 90 days of arrival.

c. At least 75% of immigrants and refugees with abnormal chest x-rays read overseas as consistent with TB and who are diagnosed with latent TB infection during evaluation in the U.S. will initiate treatment.

d. At least 75% of immigrants and refugees with abnormal chest x-rays read

overseas as consistent with TB, and who are diagnosed with latent TB infection during evaluation in the U.S. and started on treatment will complete LTBI treatment.

Reporting tuberculosis cases identified in Maryland

a. 100% of TB cases will be reported to DHMH using the RVCT (Report of Verified Case of Tuberculosis) within the NEDSS based reporting system.
b. Local TB programs will report tuberculosis cases identified in Maryland within one week of case confirmation.
c. All items on pages 1-3 of the RVCT will be completed in NEDSS within 2 months of report date

Management of non-adherence

a. Referrals to state chronic care facility for the purpose of TB case Management are coordinated through the PHPA Center For TB Control and Prevention 100% of the time.
b. 100% of all treatment, isolation orders, quarantine orders or any order that would legally confine an individual or restrict an individual's movement for the purpose of tuberculosis treatment must be reviewed by the PHPA Center for TB Control and Prevention prior to issue.

Note: 2015 tuberculosis prevention and control objectives reflect the revised CDC National Tuberculosis Indicators of Performance Standards (NTIPS) effective 2009. Attainment of objectives is formally assessed via quality monitoring of surveillance data, site reviews, and ongoing consultation with LHD staff, education and training activities. Local program support will depend on available funding and on program achievements toward national and state TB goals and objectives. Funds may be reduced, increased or reallocated to other local jurisdictions, if objectives are not consistently met.

Tuberculosis Program Monitor
Lien Nguyen
500 N. Calvert Street, 5th Floor
Baltimore Maryland 21202
Lien.Nguyen@maryland.gov
(phone) 410-767-5591
(fax) 410- 410-383-1762

B. Childhood Immunization, Perinatal Hepatitis B Prevention and Vaccine Preventable Disease Surveillance Activities

Goal: To conduct outreach and surveillance activities and to provide programmatic and regulatory guidance for immunizations in order to reduce vaccine-preventable diseases in Maryland.

LHDs are required to ensure:
1. Timely investigation to reduce morbidity and mortality from vaccine-preventable diseases.
2. Outreach activities to assure up-to-date immunization of under 2 years old.
3. Surveillance to determine immunization levels for population sub-groups.
4. Participation in the Maryland State Immunization Information System (Immunet).
5. Assistance and guidance for the enforcement of school and day care center immunization regulations.
6. Review of the Office of Infectious Disease Epidemiology and Outbreak Response (OIDEOR) memorandum to each LHD for conditions of award.
7. Perinatal hepatitis B prevention activities are conducted.
8. Nursing and clerical assistance for special immunization activities.
9. WIC collaboration to raise immunization rates of WIC- eligible children.

Note: Funding support may be increased, decreased or shifted to other local jurisdictions based on CDC priorities and LHD performance in achieving State goals. Attainment of objectives is formally assessed via quality monitoring of surveillance data, site reviews, and ongoing consultation with LHD staff, education and training activities. Local program support will depend on available funding and on program achievements toward national and state goals and objectives. Funds may be reduced, increased or reallocated to other local jurisdictions, if objectives are not consistently met. Assume level-funding for budget preparation.

Immunizations Program Monitor
Greg Reed
201 W. Preston St. Room 318
Baltimore, Maryland 21201
Greg.reed@Maryland.gov

C. Sexually Transmitted Infections

Goal: Reduce the transmission and complications of sexually transmitted infections, Including syphilis, Chlamydia and gonorrhea.

Prevention and Health Promotion Administration (continued)

Process Objectives for Case Management:

Syphilis: (includes Primary, Secondary, and Early Latent)

1. Interview 80% of cases within 7 days of date assigned.
2. Close 80% of all investigations (Field Records reactors, partners, suspects or associates) within 7 days of initiation.
3. Close 80% of all cases within 30 days, 90% within 45 days.
4. Achieve a disease intervention rate of 0.5 per interview.
5. Re-interview 75% of cases.

Congenital Syphilis:

6. Interview 90% of prenatal and delivery cases within 5 calendar days of assignment.
7. Verify or bring to treatment 90% of prenatal and neonatal reactors within 3 calendar days of date assigned, 100% within 5 business days.

Gonorrhea and Chlamydia

8. As appropriate under the DHMH STI/HIV Partner Services Prioritization policy, conduct partner services interviews on 75% of gonorrhea cases identified in STD and/or Family Planning clinics.
9. As resources allow, conduct partner services interviews on gonorrhea cases identified in the private sector and chlamydia cases identified in either public or private settings.

Process Objectives for STI Clinic Services:

10. Report actual number of STI clinic visits, unduplicated patients, and unmet need or "turnaways" on a quarterly basis.
11. At least 70% of chlamydia tests provided through the Chlamydia Test Allocation System are used in the highest risk group of females age 25 or younger.
12. Ensure that 92% of females with positive gonorrhea tests identified in family planning and STD clinics are treated with 14 days of the date of specimen collection, and 96% within 30 days.
13. Ensure that 80% of females with positive chlamydia tests identified in family planning and STD clinics are treated with 14 days of the date of specimen collection, and 90% within 30 days.

Prevention and Health Promotion Administration (continued)

Process Objectives for STI Surveillance and Data Reporting

14. Ensure 95% of reported syphilis, congenital syphilis, gonorrhea, and chlamydia cases have complete information on
    - Age
    - Sex
    - County of residence
    - Date of specimen collection
15. Ensure 100% of reported syphilis and congenital syphilis and 90% of gonorrhea and chlamydia have complete race and ethnicity information.
16. Report 70% of syphilis, congenital syphilis, gonorrhea, and chlamydia cases within 30 days of date of specimen collection, and 80% within 60 days.
17. Indicate for 95% of reported syphilis cases the gender of sex partners.
18. Indicate pregnancy status for 90% of female syphilis reactors between 15 and 50 years of age.
19. Ensure 90% of reported syphilis cases have complete information on
    - gender of sex partners
    - HIV status
    - Internet use to meet sex partners in last 12 months
    - Sex with an anonymous partner in the last 12 months
    - Exchanged money or drugs for sex in last 12 months

Outreach to Promote STD Awareness and Testing
20. Coordinate with local schools, school health centers, local public agencies or community based organizations serving at risk-populations such as county detention centers, juvenile justice centers, high schools, school health centers, drug rehabilitation centers or faith-based organizations to promote STI prevention, screening and treatment.
21. Coordinate with local health care providers and heath care facilities to increase awareness of local STI infection rates, appropriate targeting for screening, current treatment guidelines, and referral for local health department communicable disease specialty services such as partner services.

Training and Professional Development of STI Staff
22. Allow local staff to participate in at least one of the following training or professional development opportunities:
    - DHMH STI Annual Update
    - Quarterly STD Coordinators Meeting
    - Regional Chalk Talks
    - STD Awareness month webinar

Prevention and Health Promotion Administration (continued)

NOTE: Attainment of objectives is formally assessed using data derived from the Center for STI Prevention surveillance system (STD*MIS), with the exception of objectives 9, 11, 19, 20, 21 and 22, which will be collected by the Center for STI Prevention through alternate means. Opportunities to discuss objectives include annual site reviews, ongoing consultation with LHD staff, annual educational meetings, and other program activities. Local program support will depend on available funding and on program achievements toward state goals and objectives. Funds may be reduced, increased or reallocated to other local jurisdictions, if objectives are not consistently met.

Sexually Transmitted Infections Program Monitor
Barbara Conrad
500 N. Calvert Street, 5th Floor
Baltimore Maryland 21202
Barbara.conrad@Maryland.gov

D. Migrant Health

Goal: Health care will be provided to migrant workers in a culturally sensitive manner according to age-appropriate standards and guidelines regardless of residence status or ability to pay.

Process Objectives and Indicators for Migrant workers and dependents:
1. **Access to Care**

   a. 100% of the time, an individual's primary language is noted in LHD records.
   b. ≥ 95% of the time access to interpreter and translator services is available to any client in need; as evidenced by documented use of interpreters, language lines, available translated educational materials and documentation of appropriate referrals to other needed services.
   c. 100% of the time, access to health care information, services available in the county, and how to access transportation to health care delivery sites are displayed or provided in languages appropriate to the resident population(s).

2. **Environmental Health and Safety**

   a. At least one (1) documented annual site visit by the LHD sanitarians and migrant health coordinator to each migrant camp or housing site (including "non-camp" sites such as trailer parks, apartment complexes, etc.) will occur for the purpose of evaluating the general environment and living conditions.

Prevention and Health Promotion Administration (continued)

3. **Annual Program Assessment**

    a. Local health departments serving migrant populations will submit an annual program assessment to include:

        1. number of camps/housing units visited over previous 12 months and findings,
        2. estimated number of migrants per camp,
        3. program assessment of ability to meet the goals/objectives outlined in # 1. and # 2. over previous 12 months, including any barriers identified,
        4. brief summary of FY 2015 proposed plan for local migrant health, including available resources, local partners, identified needs and target date(s) for achievement of stated goals. **(submit to program monitor by 04/01/14)**

Note: Attainment of objectives is formally assessed via program site reviews, ongoing consultation with LHD staff, educational meetings and review of annual LHD program assessment. Financial support to local programs will depend on available funding and on program achievements toward state/local goals and objectives. Funds may be reduced, increased or reallocated to other local jurisdictions, if objectives are not consistently met.

        Migrant Health Program Monitor
        Dipti D. Shah
        500 N. Calvert St., Rm. 533
        Baltimore Maryland 21202
        dipti.shah@maryland.gov
        (phone) 410-767-6664

E. Refugee Health Reimbursement Program

Health screening for refugees is reimbursed strictly on a fee-for-service basis. No grant awards are issued and DHMH 4542 submission is no longer required. However, LHDs serving more than 100 refugees in a fiscal year are invited to submit a budget proposal requesting funds to cover costs for LHD refugee health staff salaries and language services. Please use previous funding allocations as a basis and specify job classifications, FTE, and corresponding salaries, wages, and fringe benefits (provide percentages, not arbitrary dollar amounts). Please use the attached spreadsheet to submit your budget request and narrative. The budget proposal is due **May 24, 2014. Please note that funding allocations for refugee health run on the Federal Fiscal Year (October 1 – September 30).**

Prevention and Health Promotion Administration (continued)

Health departments may be reimbursed for approved refugee screening services provided they meet the mandated screening timeframes and guidelines and submit an invoice. All invoices are reviewed and approved by the program prior to payment. Year-end reconciliation is, however, required. Since Federal support for health screening of refugees is continuous and ongoing; local health departments must reconcile annual invoice submissions with actual reimbursements received at the end of each fiscal year. A description of the revisions to this program and directions for accessing reimbursement funding were detailed in a June 2008 DHMH Health Officer Memorandum (HO # 40), *New reimbursement payment system for refugee health screening –FY09.*

Health departments should use the standard DHMH 440 form and follow the instructions noted in Section I of this document for submitting the DHMH 440 - Annual Report – Year End Reconciliation.

Invoices and DHMH 440 documents may be submitted electronically or by mail to the program monitor:

Refugee Health Reimbursement Program Monitor
Lien Nguyen (back-up: Dipti D. Shah)
500 N. Calvert St., 5th Floor
Baltimore Maryland 21202
lien.nguyen@maryland.gov
(Phone) 410-767-5591

Refugee Health Budget Request

FY2015

County_____

PERSONNEL

Name of Person	Job Title	Job Duties	FTE	Salary	Fringe (%)	Indirect(%) (salary +fringe)	TOTAL
Ex. Jane Doe	*Community Health Nurse II*	*This nurse will health screen refugees, identify high risk medical propblems, track those on preventive therapy, etc.*	*0.8*	*$ 45,000*	*18%*	*7%*	*$ 45,454*

TRANSLATION

Type of Interpretation	Hourly Rate	# of Hours	Fringe (%)	TOTAL

Prevention and Health Promotion Administration (continued)

F. HIV/AIDS Programs

1. Tentative Allocations

The Prevention and Health Promotion Administration (PHPA) will send allocation letters around May 2014 for most HIV/AIDS programs. No funding for new programs is anticipated.

2. Program Proposals

- When awards for continuing HIV prevention activities are consolidated, distinct program plans for each funded activity (e.g., HIV Testing and Linkages, etc.) should be included as well as an overall plan.

- Specific HIV prevention program activities should be consistent with the needs addressed in the document "Maryland HIV Comprehensive Plan",, the Calendar Year 2014 Cooperative Agreement Application for HIV prevention submitted by the Prevention and Health Promotion Administration to the U.S. Centers for Disease Control and Prevention, and the current epidemiological profile for your jurisdiction or region, as available. These latter may be found at: http://PHPA.dhmh.maryland.gov/OIDEOR/CHSE/SitePages/statistics.aspx

- Health and support services for persons living with HIV infection must be consistent with priorities set by the Regional Advisory Committees and HRSA HIV/AIDS Bureau, and the goals of the National HIV/AIDS Strategy.

- LHD shall prepare three documents in advance of their budget submissions to describe their FY15 program proposals:

  - 1. The FY15 Implementation Plan for HIV Prevention and Health Services should describe the local HIV epidemic, planned collaborations with other providers and partners, how available resources will support an integrated local HIV service continuum, and how the LHD will ensure that proposed activities are culturally appropriate and accessible.
  - 2. The FY15 HIV Prevention Spending Proposal should describe the targeting, outreach, promotion, and recruitment strategies the LHD will utilize to ensure that services reach those at evidenced need, and the distribution of funding and staff across intervention types.
  - 3. The FY15 HIV Services Spending Proposal should describe how the LHD will ensure that HIV health services are provided to those in greatest need, and the distribution of funding and staff across service categories.

Prevention and Health Promotion Administration (continued)

PHPA staff will provide feedback on these submissions. Final iterations of the documents should then inform the development of FY15 budgets.

      3.   **Resources to Use as a Guide for Preparing Documents**

The following resources are recommended for use in ***planning and implementing*** HIV prevention programs.

   a. National HIV/AIDS Strategy for the United States:
http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf

   b. A variety of documents about the Federal Response to the National HIV/AIDS Strategy are available at:
http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf

   c. Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection"
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr57e1030a1.htm

- http://www.cdc.gov/nchhstp/partners/Recommendations.html

- http://www.cdc.gov/hiv/topics/research/prs/evidence-based-interventions.htm

- **Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings.**
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm

- Incorporating HIV Prevention into the Medical Care of Persons Living with HIV: Recommendations of CDC, the Health Resources and Services Administration, the National Institute of Health, and the HIV Medicine Association of the Infectious Diseases Society of America
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm

- Public Health Service Task Force Recommendations for the use of Antiretroviral Drugs in Pregnant HIV-1 Infected Women for Maternal Health and Intervention to Reduce Perinatal Transmission in the United States
http://aidsinfo.nih.gov/ContentFiles/PerinatalGL01301998041.pdf

- Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents
http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf

Prevention and Health Promotion Administration (continued)

4. **Specific Guidelines for Categorical Awards for FY 2015 HIV/AIDS Program Description**

   A. Provide a brief and complete program description for each of the current HIV/AIDS programs in your jurisdiction. Please include:

     (1) Current agency organizational chart showing structure and staffing of HIV/AIDS programs within your local health department.

     (2) For Prevention Programs:
- Specific descriptions of services offered under each applicable category below:

          Health Education and Risk Reduction
          Training and Capacity Building
          Targeted HIV Testing and Linkages
          Routine HIV Screening
          HIV Partner Services
          HIV Surveillance / Epidemiology

     (3) For Ryan White Part B and Part D Services, Patient Services and Health and Support Services:
- Complete the "HIV Services Package – Programmatic Section" which is available through the Prevention and Health Promotion Administration HIV Health Services Administrators.

   B. Progress Report

     (1) Provide a Fiscal Year year-end summary report that includes:

       a. A narrative description of program changes, accomplishments and problems, including problems with committing and/or spending allocated funds for each HIV/AIDS program indicated under A.

       b. The degree to which each program achieved State Fiscal Year 2014 goals and objectives.

       c. Description of cooperative program efforts with other agencies both within and outside the local health department.

C.   Program Goals, Objectives and Implementation Steps

(1) For HIV Prevention Programs:

a. List your FY 2015 priority goals and related objectives for each program identified. HIV Prevention awards, as previously stated, must be consistent with the "HIV Prevention Plan for the State of Maryland, Calendar Year 2014"and the Calendar Year 2014 Cooperative Agreement Application for HIV Prevention.

b. List implementation steps planned for each goal/objective.

c. Outcome oriented goals and objectives must be specific and stated in measurable terms.

d. Guidance in preparing goals, objectives, and implementation steps may be obtained from the HIV Prevention Program Monitor listed in the current Grant Award.

(2)   For HIV Health Services:

Complete the "HIV Services Package – Programmatic Section" which is available through the Prevention and Health Promotion Administration HIV Health Services Administrators.

D. Performance Measures

(1) HIV Prevention Performance Measures are required by CDC and include process and outcome variables related to risk reduction. The Prevention and Health Promotion Administration provides required data collection guidance and forms.

(2) HIV Health Services Performance Measures are required by HRSA and the Prevention and Health Promotion Administration and are available through the Prevention and Health Promotion Administration HIV Health Services Administrators.

5.   **Budgetary Requirements**

A. **HIV/AIDS** program budgets must be submitted electronically to the following GroupWise e-mail address: dhmh.idehauga@maryland.gov

B. For the 2015 budget, submit job descriptions as well as a listing of all personnel funded by the Prevention and Health Promotion Administration. This listing must include classification, name of incumbent, percentage of time worked on each grant, project and salary. Fee collections must also be reflected in the budget.

C. **Ryan White Part B, Part D and State HIV Health Services**
The HIV Services Budget Package-Programmatic Section must be submitted electronically to the Prevention and Health Promotion Administration HIV Health Services Administrators by June 15, 2014.

D. The budget must be sent **electronically** to the above e-mail address by **July 15, 2014**.   Subcontractor budgets must be included with the narrative as well as Table III and contract review certification.

E. **All other budgets not funded by Ryan White Part B, Part D and State HIV Health Services must be sent electronically** to the above e-mail address by **August 15, 2014**. Subcontractor budgets must be included with the narrative.

F. Supplemental Funding

If the Prevention and Health Promotion Administration receives new or expanded funding for HIV/AIDS programs during the year, you may be contacted about opportunities for expanded programming. We will identify priorities for funding and will request that you provide information following these guidelines. Supplemental awards will be offered and developed consistent with guidelines and priorities of funding agencies. Reporting requirements will be specified in the award documents and attachments issued by the Prevention and Health Promotion Administration.

Definitions

Program Activity Areas

Health Education and Risk Reduction (**HERR**) are programs and services that are designed with cultural competency to reach persons at increased risk of becoming HIV-infected or, if already infected, of transmitting the virus to others. These programs and services seek to change knowledge, attitudes, beliefs and behaviors that put persons at risk

for HIV transmission. Subcategories of intervention include individual, group, and community level education and counseling, prevention case management, and outreach.

Training and Capacity Building are programs that train persons in HIV prevention strategies to build and strengthen the capacity of local community groups and governmental entities to undertake HIV prevention activities with the involvement of target audiences in the planning, implementation, and evaluation of such programs.

HIV Testing and Linkages to Health and Prevention Services are targeted HIV counseling and testing programs for individuals who engage in high- risk behaviors (e.g., men who have sex with other men, injecting drug users/substance abusers, at-risk minority women especially those of childbearing age, at-risk incarcerated persons and those involved in the criminal justice systems, patients of STD or TB clinics). HIV Testing and Linkages also includes referral to partner
services, early intervention (for seropositive follow-up and support), and related prevention activities.

Routine HIV Screening Programs are programs conducted in areas of high HIV prevalence that provide routine HIV testing in clinical settings, such as hospital urgent care departments and community health centers. Routine HIV screening is HIV screening that is offered to all patients between the ages of 13 and 64 as a routine part of medical care. Routine HIV screening includes referral to prevention services for patients with identified high-risk behavior, and referral to HIV care services and HIV partner services for patients who are HIV positive.

HIV Partner Services (PS) Programs provide assistance for HIV-infected persons with notification of their sex and needle-sharing partners so the partners can avoid infection or, if already infected, can prevent transmission to others. They help partners of HIV infected persons gain earlier access to individualized counseling, HIV testing, medical evaluation, treatment, and other prevention services.

Surveillance ensures the complete, accurate and timely reporting by physicians of HIV and AIDS cases and HIV exposed infants and by health care institutions of HIV and AIDS cases. Surveillance also includes the follow-up with physicians and health care institutions of reports of potential HIV and AIDS cases identified from laboratory reports of HIV infection, HIV viral loads, and CD4+ T-lymphocyte cell counts. The collection, storage, and transmittal of HIV and AIDS surveillance information must be performed in accordance with the standards for HIV and AIDS surveillance data security and confidentiality.

Prevention and Health Promotion Administration (continued)

Behavioral Surveillance collects HIV risk related behavioral information from populations at elevated risk for HIV transmission using population appropriate sampling techniques.

Information collected through behavioral surveillance is used for planning HIV prevention and treatment services programs to ensure that appropriate resources are targeted..

Health and Support Services programs provide a coordinated comprehensive system of HIV care for eligible individuals living with HIV/AIDS, using a network of community-based public and private service providers. These include Part B and Part D HIV services, state-funded services, and Housing Opportunities for People with AIDS (HOPWA).

9. Environmental Health

A. Collection of Common Performance Measures for LHD Environmental Health Programs

As agreed to by the local environmental health directors in May, 2008, each local health department will submit common performance measures electronically as directed by the DHMH Environmental Health Bureau. Due to revision of the DHMH and Environmental Health websites, the performance measures for FY 2014 were not collected. DHMH will inform environmental health directors through email when the website data collection system is re-activated.

For FY 2015, figures are to be submitted quarterly according to the following schedule:

July 1 – September 30 due Oct 15, 2014
October 1 – December 31 due January 15, 2015
January 1 – March 31 due April 15, 2015
April 1 – June 30 due July 15, 2015

If there are questions contact:

Clifford S. Mitchell, MS, MD, MPH
Bureau Director, Environmental Health Bureau
Prevention and Health Promotion Administration
Maryland Department of Health and Mental Hygiene
201 W. Preston Street, Room 321
Baltimore, MD 21201
(410) 767-7438/Fax (410) 333-5995
Cliff.Mitchell@Maryland.gov

The common performance measures are:

Food Service Facilities • Number of Food Service Facility inspections completed and level of risk by percentage **for each quarter**	High _Q1 _____% Moderate_Q1 _____% Low_Q1 _____% High _Q2 _____% Moderate_Q2 _____% Low_Q2 _____% High _Q3 _____% Moderate_Q3 _____% Low_Q3 _____% High _Q4 _____% Moderate_Q4 _____% Low_Q4 _____%
Public Swimming Pools & Spas • Number of pools and spas permitted • Number of pool and spa inspections	
On-Site Sewage Disposal Systems • Number of new on-site sewage disposal permits issued • Number of existing on-site sewage disposal systems repaired, replaced, or altered	
Subdivisions • Number of new lots created served by an individual sewage disposal system	
Well Construction • Number of Certificates of Potability issued • Percent of final Certificates of Potability issued with a water treatment device as a special condition	

A detailed description of each measure follows:

<u>**Food Service Facilities**</u>:

Indicates the number of total inspections completed of food service facilities by a County or political subdivision. The percentage of completed inspections is based on the level of risk of the Food Service Facility (i.e. High, Moderate, Low) and the total number of routine inspections that are required on an annual basis, as mandated by COMAR 10.15.03.

Prevention and Health Promotion Administration (continued)

Public Swimming Pools and Spas:

Indicates the number of public and semi-public swimming pools and spas permitted and the number of public and semi-public swimming pool and spa inspections completed by a County or political subdivision.

On-Site Sewage Disposal Systems:

Indicates the number of new construction, individual, on-site sewage disposal system permits issued by a County or political subdivision; and provides an indicator for the number of existing on-site sewage disposal systems that were repaired, replaced, or altered by a County or political subdivision.

Subdivisions:

Indicates the number of new lots or parcels created by a County or political subdivision with the use of an individual, on-site sewage disposal system.

Well Construction:

Indicates the number of Certificates of Potability issued by a County or political subdivision for new and replacement wells in meeting potability standards as required by COMAR 26.04.04.   Provides an indicator of the number of final Certificates of Potability issued by a County or political subdivision for new and replacement wells approved with the use of a water treatment device as a special condition.

Data Collection

EH programs are welcome to submit additional program descriptions and goals as part of their overall submission for the local health department for PHPA core programs. However, initially only the 5 core measures are being routinely collected on the new EH website. All EH directors have been provided with a secure logon id and password. Data are to be entered quarterly; email prompts will be sent to EH directors to remind them to complete the online reports. In addition, the results for all jurisdictions will be displayed on a continuous basis on the site.

B.   **Lead Poisoning Case Management Programs**
Lead case management funds will be available for a limited number of LHDs in SFY 15. LHDs will be informed by the Environmental Health Bureau as to the availability of funding and may apply by submission of a plan that addresses the following issues:

1. How the LHD intends to respond to questions regarding blood leads of 5 – 9 mg/dL;
2. How the LHD intends to case manage blood leads of 10 mg/dL and above;
3. How the LHD intends to respond to the revised Strategic Targeting Plan, which will be available in draft form for review, specifically with respect to the goal of improving rates of testing for children within the LHD's jurisdiction; and
4. How the LHD intends to bill for case management/environmental investigation services provided for cases of blood leads of 5 – 9 or ≥ 10 mg/dL.

The plan should be submitted to the Director of the Environmental Health Bureau. Progress reports will be submitted on a quarterly basis, documenting activity in the above three areas.

Performance measures:

1. Number of children under case management with blood lead levels of 10 mg/dL and above; and
2. Case management/environmental investigations performed; and
3. Outreach activities to increase lead testing rates.

END OF PREVENTION AND HEALTH PROMOTION ADMINISTRATION

MENTAL HYGIENE ADMINISTRATION

INSTRUCTIONS FOR THE PREPARATION OF NARRATIVE AND BUDGETS FOR CATEGORICAL GRANTS

On July 1, 1997, the Mental Hygiene Administration began the implementation of the new Public Mental Health System. This new system changed the funding for most mental health services from grant funding to fee-for-service. Those services which do not lend themselves easily or efficiently to a fee-for-service-basis have remained grant funded. At this time, services which have been identified as those which will continue to receive funds via the grant system include drop-in centers, hotline services, hospital diversion, urgent care and community education and staff development services.

Funds paid to a provider under the grants system will continue to be governed by the LHDFSM and will require the submission of a line item budget, using the electronic DHMH 4542 format.

If your program received funds during FY14 for the type of services that will continue to be grant funded, please contact your Core Service Agency for submission dates.

If you have any questions, please contact Ms. Fiona Ewan at (410) 402-8435 or fiona.ewan@maryland.gov or the appropriate MHA Grants Specialist assigned to your county.

END OF MENTAL HYGIENE ADMINISTRATION

CATEGORICAL GRANT INSTRUCTIONS

OFFICE OF HEALTH SERVICES
HEALTHCHOICE and ACUTE CARE ADMINISTRATION

FY 15 - INSTRUCTIONS FOR THE PREPARATION OF NARRATIVE AND BUDGET

Administrative Care Coordination-Ombudsman Grant (F730N)

1. **Allocation:** To be determined.

2. **Purpose of Grant:**
    The primary purpose of the ACC-Ombudsman Program is to assist HealthChoice eligible
    Medicaid and MCHP beneficiaries in accessing and appropriately using their health care
    benefits. HealthChoice, Medicaid's managed care program, operates in accordance with
    COMAR chapters 10.09.62-75 and a federal 1115 waiver. In FY '15 this program is
    expected to serve over 950,000 beneficiaries through seven Managed Care Organizations
    (MCOs) and their networks of over 30,000 providers. The ACC-Ombudsman grant funds
    must be used exclusively to perform Medicaid related care coordination, ombudsman and
    other Medicaid administrative duties for the designated target populations. This grant
    requires the grantee to establish and maintain effective working relationships with MCOs
    and individual Medicaid providers.

    **Due to the implementation of the Affordable Care Act (ACA) in CY 2014, the focus
    of this federally matched grant has changed**. Please read this document carefully.
    Failure to adhere to requirements could result in disallowances and recoupment of grant
    funds. When a grantee is uncertain about whether an activity is allowed under this grant
    it is the grantee's responsibility to seek clarification. Several frequently asked questions
    are included below for clarity.

    *   *Will this grant continue to fund Medicaid outreach activities in FY '15?* No, Medicaid
        outreach functions have been subsumed under the umbrella of the ACA. Outreach
        will no longer be funded by the ACC-Ombudsman grant.

    *   *Can a staff member who is partially funded on the ACC grant also be assigned duties
        as a MCHP Eligibility worker?*   Yes, while grantees are prohibited from using ACC-
        Ombudsman grant funds to perform Medicaid eligibility work, staff that is less than
        fulltime on the ACC-Ombudsman grant may also be funded on the MCHP Eligibility
        grant and perform Medicaid eligibility work for the remaining portion of their time.

    *   *Can a staff member who is partially funded on the ACC grant also be assigned duties
        as a Navigator, Assister, or Application Counselor?*   No, grantees are not permitted to
        assign ACCU- Ombudsman staff to perform roles as Navigators, Assisters, or
        Application Counselors.

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3. **Program Requirements:**

Grantees must be local health departments which are part of DHMH, the single state agency that operates the Maryland Medicaid Program. LHDs accept these funds in accordance with the Local Health Department Funding System Manual and OMB Circular A-87 (June 2004) and with the understanding that all general, federal, and DHMH Conditions of Award will be met.

In addition to those requirements noted below LHDs are responsible for adhering to all Conditions of Award that are issued at the time of grant award and for assuring that staff is made aware of these requirements. LHDs may subcontract ACC-Ombudsman functions in whole or in part with prior written permission from the grant monitor. Subcontractors are subject to the same requirements, limitations, and Conditions of Award as the LHD. Grantees and subcontractors, hereafter referred to in this document as the LHD, must ensure that:

- Grant funds are used for the sole purpose of improving the effectiveness and efficiency of the Medicaid program.
- 100% of staff's time allocated to the ACC-Ombudsman grant is spent entirely on Medicaid administrative duties.
- The agency has the resources and capability to engage with Medicaid beneficiaries face-to-face, including in their homes, upon request of the beneficiary or the Medicaid Program.
- The agency has sufficient internal control and quality measures to ensure that activities performed under this grant are not a component of, nor could be construed as clinical services, direct medical services or targeted case management services.
- The ACC-Ombudsman staff does not engage in activities which are supported by other federal funds.
- Funds accepted under this grant are not duplicative of other services and initiatives that the LHD is obligated to perform.
- The LHD will not seek contracts with or accept any funds from MCOs or Medicaid Administrative Service Organizations (ASOs) for the performance of Medicaid administrative activities.
- All activities and expenditures must be pre-approved by the grant monitor. If uncertain as to the appropriateness of an activity performed under this grant, promptly request a determination in writing.

4. **Program Activities and Priorities**:

This grant funds the following program activities in priority order:

- Investigation of complaints referred from the Division of Care Coordination and Complaint Resolution Unit (CC/CRU) or as reported directly to the Ombudsman.

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- Provision of administrative care coordination activities as requested by CC/CRU, MCOs, providers and as needs are identified.
- Develop and maintain provider relationships and increase awareness of the Medicaid managed care system.
- Increase general community awareness of and ability to efficiently and effectively use Medicaid benefits.

Priority # 1: Ombudsman Activities- Investigate Complaints

The LHD shall give priority to referrals made by the CC/CRU; these referrals are typically complaints or potential instances of denial of medical services. When the LHD is the initial point of contact regarding a HealthChoice provider or Medicaid beneficiary's complaint the Ombudsman must immediately contact the CRU supervisor to discuss whether it is appropriate for them to handle the case. Complaints involving the LHD as a provider of service will be referred to an alternate LHD Ombudsman. The scope of the information provided to Medicaid beneficiaries shall be limited to that which will enable the beneficiary to access covered Medicaid services in an appropriate, timely, and cost effective manner.

 In accordance with CFR 438.400 and COMAR 10.09.72, upon receipt of a complaint from CC/CRU the Ombudsman must take all of the following actions as appropriate:
- Attempt to resolve the dispute by reviewing the decisions with the MCO or the enrollee;
- Utilize mediation or other dispute resolution techniques;
- Assist the enrollee in negotiating the MCO's internal grievance process;
- Advocate on behalf of the enrollee throughout the MCO internal grievance and appeals process; and
- Refer dispute back to CRU for a decision if the dispute is one that cannot be resolved by the local ombudsman's intervention.

The Ombudsman shall provide an interim report to CC/CRU within the time frame requested. Within 30 days of the date of referral, the Ombudsman shall make a complete report to CRU that includes the following:
       (1) An explanation of how the case was resolved;
       (2) Details relating to the case, including any pertinent materials;
       (3) Any determination that the MCO has failed to meet the requirements of the
           Maryland Medicaid Managed Care Program;
       (4) Any other information required by the Department.

Priority #2: Provide Administrative Care Coordination

All referrals received directly from CC/CRU shall be given priority and be responded to within the timeframe specified. MCOs are required by COMAR to report to the local

health department the names of individuals in specific special populations who have failed to keep appointments or who have not followed through with their plan of care. The LHD then contacts those individuals to encourage proper use of Medicaid services.

The LHD shall prioritize beneficiary customer service requests and activities, by population, as follows:
- Pregnant and postpartum women
- Newborns and children under age 2
- Children with Special Health Care Needs
- Children 2-21
- Adults with special needs (as defined in HealthChoice regulations – COMAR 10.09.65.04B)
- Family Planning Program beneficiaries-explain benefits and refer to Navigator for assistance in enrolling in QHP.

Additional Referral Sources
In addition to CC/CRU referrals, other referral sources include but are not limited to the following:
- LHD Service Requests from MCOs and providers
- Maryland Prenatal Risk Assessment Forms
- MCHP Eligibility workers, LDSS workers, and Maryland Health Connection staff
- MMIS reports of newly enrolled beneficiaries

Scope of Information for Beneficiaries
When contacting the beneficiary to facilitate effective coordination of Medicaid services and to assist with any authorization processes, the scope of the information provided to the beneficiary shall be limited to that which will enable the beneficiary to access covered Medicaid services in an appropriate, timely, and cost effective manner. The following topics are within the scope of information typically covered when providing ACC/Ombudsman assistance to HealthChoice enrollees:

- Provide case specific information as directed by the Division of Care Coordination and Complaint Resolution staff -for example there is a specific protocol for pregnant women;
- Explain the fee-for-service system and how to use prior to MCO enrollment
- Explain importance of selecting and using a primary care provider
- Direct beneficiaries to the appropriate resource to update demographic information, and how to renew Medicaid MCHP coverage;
- Explain how to select an MCO and how the managed care system works;
- Reinforce the importance of timely follow-up especially when appointments or treatments have been missed;

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- Provide information about EPSDT benefits and the importance of preventive health care, dental care, lead screening, and immunizations for children;
- Inform adults about the availability and importance of preventive services such as pap smears, mammograms, etc;
- Explain self-referred services such as the ability to maintain established prenatal care provider, ability to access out-of-network family planning services and substance use/behavioral health services;
- Explain "carve-out" services, such as mental health and dental services for children and pregnant women;
- Inform women about family planning and preconception health services;
- Assist in linking beneficiaries needing transportation to medical appointments to the LHD MA Transportation Unit;
- Direct beneficiaries back to their MCOs for disease management, care coordination or case management services;
- Explain how to access HealthChoice Help Line and local ACC/Ombudsman services.

When assisting women in the Family Planning Program (FPP):
- Explain limited benefit package
- Inform women that the FPP does not qualify as creditable coverage under the ACA;
- Refer women to a Navigator or the Maryland Health Connection;

When assisting a household where some individuals, typically the children, are enrolled in Medicaid and other members are enrolled in a QHP, refer the person with the QHP related issues to a Navigator or Maryland Health Connection.

Closure of referrals
Within the timeframe requested by the CC/CRU, the LHD must provide written feedback regarding the resolution of each referred inquiry or closed complaint case. The case report must include the following:
  (1) An explanation of how the case was resolved;
  (2) Details relating to the case, including any pertinent materials;
  (3) Any determination that the MCO has failed to meet the requirements of the Maryland Medicaid Managed Care Program;
  (4) Any other information required by the Department.

LHDs must provide appropriate feedback on all referrals received in a timely manner

Priority #3: Build provider relationships and increase understanding of the Medicaid managed care system

LHDs play a pivotal role in building positive relationships between the Medicaid Program, the MCOs, ASOs and providers. This grant funding seeks to expand the

number of providers by supporting staff who can engage with providers around various topics of interest to the Medicaid Program. LHDs must be knowledgeable about the changes in health care systems and financing to the extent that they can answer basic questions and refer providers to additional resources when needed. The ACC-Ombudsman serves as the local face of the Medicaid Program and must be able to:

- Link potential Medicaid providers to Provider Enrollment for assistance with the enrollment process;

- Provide education about MA web-based resources and Eligibility Verification Systems;
- Provide contact numbers for central office program staff who can answer provider questions and resolve problems;
- Provide updates on changes to Medicaid operations, such as changes to CMS 1500 claim form and ICD 10;
- Provide information on CRISP to assure more accurate and timely information for PCP selection;
- Inform providers about the Local Health Services Request referral process;
- Promote completion of the Maryland Prenatal Risk Assessment and referral process by prenatal care providers; and
- Convey new and emerging topics of importance to the Medicaid Program to providers and stakeholders.

Priority #4: Activities to increase beneficiary awareness of Medicaid benefits
When goals associated with Priorities 1-3 are being met, the LHD may then use grant funds to conduct general information sessions for Medicaid beneficiaries. The scope of these presentations must be limited to Medicaid service topics listed in Priority #2 under "Scope of Information for Beneficiaries".

5. **Operational Requirements:**
This section addresses staffing, hours of operation, referral time frames, and confidentiality requirements related to the operations of the local ACC-Ombudsman Program. In accepting these grant funds the LHD agrees to operate as follows:

- Have staff available at all times during business hours to provide assistance to beneficiaries referred by fax (by phone as backup) from CC/CRU and MCOs;
- Have licensed nursing staff available during business hours for consultation to address the complex nature of Medicaid issues sent to the Ombudsman, in counties where the Ombudsman is not a licensed health care professional;
- Designate a local point person for the grant who will be the ongoing contact between the Department and the LHD to keep the local health officer informed of all budget matters and administrative program related correspondence from the Department;
- Serve as the single point of entry for MCO referrals to bring non-compliant or hard-to-reach beneficiaries back into the healthcare system; maintain basic information on

- all referrals from the CRUs and MCOs; designate a staff member to serve as the day to-day link with MCOs;
- Make a determination as to whether a written referral received from the MCO will be acted upon, within 10 business days of receipt, and inform the referral source if the LHD is not going to act on the case and notify the Division of the reason;
- Attempt to contact the beneficiary by phone or face-to-face (home or community setting, as appropriate), if phone contact is unsuccessful, within 15 business days of receipt of an accepted referral;
- Provide written feedback to CRU, MCO or other referral source regarding successful/unsuccessful contacts with beneficiary, to date, within 30 calendar days of receipt of the referral;
- Keep a record of all ACC and Ombudsman contacts (failed and successful) with the beneficiary;
- Maintain confidentiality of beneficiary records including communications in print (i.e. email, texts) and eligibility information, in accordance with all federal, state, and local laws and regulations, and use that information, with the Department's approval, only to assist the beneficiary to apply or maintain Medicaid benefits and to receive needed health care services;
- Ensure that the Ombudsman respond back to CRU by the response date determined by CRU or within 30 calendar days, whichever is less;
- Ensure staff is available for administrative hearings as necessary, administrative update meetings and site visits at the request of the grantor;
- Assure LHD staff have a working understanding of federal and state Medicaid Program regulations and requirements and that they are knowledgeable about Medicaid fee-for-service and MCO covered services, including the beneficiary's right to go out- of- plan for certain "self-referred" services;
- Provide information to external organizations and agencies about Medicaid programs and services, including HealthChoice Helpline, availability of ACC/Ombudsman to assist with care coordination and complaint resolution services;
- Provide information to beneficiaries about the State Fair Hearing and MCO Appeals and Grievance Process;
- Link the beneficiary to a Medicaid provider or MCO within 10 business days of receipt of the Maryland Prenatal Risk Assessment form or other designated newborn or child referral source;
- Provide assistance for special projects when requested by the Program;
- Develop and maintain collaborative relationships with Medicaid providers and MCOs;
- Develop strategies to increase the access and capacity of Medicaid services including dental and behavioral health services.

6. **Program Proposal Format:**
   For the program proposal (excluding performance measures), the following format must be used:

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Margins: Top, bottom, left, right-1
Character Font Style: New Times Roman - 12 point
Headers: Bold, italics, 14 point
Spacing: Single

Internal/External Assessment should answer the question "Where are we now?" with specific data related to the target groups and ACC/Ombudsman activities. Include the following information:

- Identify the number and demographics of the Medicaid and MCHP HealthChoice beneficiaries in the county.
- Describe which MCOs participate in the county and any specific provider shortages that present challenges.
- Include a description of the ACC/Ombudsman service locations, phone numbers and hours of operation; include the current fax # for receiving referrals.
- Identify community groups with whom the ACC/Ombudsman program collaborates (i.e. schools, churches, and community based organizations).
- Describe the program's ability to address populations with Limited English Proficiency.
- If staffing does not include a licensed nurse identify the program's consulting nurse and describe their availability.

The **Goals and Objectives** should further answer the questions "Where are we" and "Where do we want to be" with broad goal statements and specific measurable objectives for accomplishment of goals.

Strategies and Action Plans should answer the questions "Who, What, When, Where, and How." The ACC/Ombudsman Program must describe mechanisms and proposed activities to accomplish identified goals and objectives.
At a minimum the proposal should include strategies that identify and describe:
- How ACC/Ombudsman functions and activities will be prioritized and carried out.
- Protocols for contacting beneficiaries, including face-to-face contacts in the home or community, as necessary.
- How the LHD will build and sustain provider relationships and increase providers' understanding of the Medicaid managed care system
- How to increase beneficiary's awareness of Medicaid benefits, the HealthChoice Helpline, care coordination, complaint resolution services.
- How information will be conveyed in a culturally sensitive and linguistically appropriate manner.
- Collaborative efforts with schools, churches, and community organizations to ensure ACC/Ombudsman grant funded staff are known as the point of contact for Medicaid benefit information and care coordination.

- Coordination with MCHP Eligibility workers, LDSS, Navigators, Assisters, or Application Counselors.
- In counties participating in Expanded ACCU for Pregnant Woman, describe how the two grants are coordinated.

Performance Measures: Use DHMH form 4542 C-Estimated Performance Measures and 440A and submit electronically. Performance Measures are specific quantitative representations of a capacity, process or outcome deemed relevant to the measurement of performance. Performance Measurements must specifically display quantified indicators that demonstrate whether or not the goal or objective is attained. It is vital to measure

relevant factors that show evidence of the program's success or failure. Performance Measures should be **"SMART"** ---- **S**pecific, Measurable, **A**ttainable, **R**ealistic and **T**angible/Time limited.

Each Performance measurement should include a specific goal or objective and a quantitative measure of the goal or objective. Each performance measure should answer the following question.
1. Does the performance measure relate to the objective it represents?
2. Is the measure valid-does it measure what you want to measure?
3. Is it understandable to others - is it clear?
4 Is this measure a result of some activity that is performed by the program?

At a minimum, the following five performance measures must be included.
1. 100% of Ombudsman referrals will be completed within the timeframe requested by the Complaint Resolution Unit (includes extension date if mutual agreement between LHD and CRU).
2. 90% of ACC referrals from the CC/CRU will be completed within the requested. timeframe (includes extension date if mutual agreement between LHD and CRU)
3. 85% of requests for service from an MCO will be processed and returned within 30 days from the receipt of the referral.
4. 100% of ACC reports will be submitted on time (by the last day of the month following the reporting month).
5. 90% of Maryland Prenatal Risk Assessment forms will be forwarded to the Department within 48 hours of LHD receipt.

7.   **Monitoring, Tracking, and Reporting:**

The LHD ACC/Ombudsman Program is required to submit:
- **Monthly** activity report (parts A, B)
- **Quarterly** narrative report, awareness activities report, performance measures report, staffing/salaries report, cumulative budget expense report
- **Bi-annual** provider network report (prenatal, pediatric and dental)
- **Annual** end of fiscal year report (data and narrative)

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All reporting components are due the last day of the month following the report month (i.e. July's report is due by August 31st). Other reports may be periodically be requested by the Department and must be submitted by the requested date.

8. **Sub-provider Budgets**
The LHD must review the budgets of all sub-grantees receiving funds under cost reimbursement contracts. Review and certification of the review must occur at the beginning of the grant cycle and be completed before any money is awarded to the sub-grantee. This requirement applies to all current and future sub-grantee covered under any Unified Grant Award.

- A **sub-grantee** is defined as an organization or individual receiving state or federal funds from a provider of record i.e. the local health department.
- The LHD is required, at minimum, to review the sub-grantee budget, including a line item analysis which accounts for all money distributed to the sub-grantee and that, based on historical data or recent financial analysis, each line item expense is reasonable.
- The budget review must be conducted by a person familiar with the grant requirements, preferably the grant monitor, with acknowledgment from the Health Officer or his/her designee.
- The sub-grantee budget, meeting minutes, and all correspondence between the LHD and the Sub-grantee must be kept on record at the LHD and available for audit by the grantor.
- Sub-grantee budgets, regardless of the amount, must be audited if there is any suspicion of fraud or misuse of funds.
- Documentation of sub-grantee review must be made on *Attachment A* and a hard copy returned directly to the funding unit with the completed budget package.

9. **Budget Requirements:**

A. Indirect costs for this grant are limited to 7%. The indirect cost rate may not exceed 7% on non sub-grantee line items (0881-0899). Cost reimbursed sub-vendor budgets may include indirect costs of no more than 7% of Program approved line items.

B. Calculation of direct costs

T = total award less sub-grantee line items
D = direct cost
I = indirect cost

$T/1.07 = D$; then $T - D = I$

HEALTHCHOICE and ACUTE CARE ADMINISTRATION

C. Direct cost allowed by object:
0111-0299 Salary/fringe
Personnel costs will be approved only for staff directly performing, supporting, or directly supervising these functions. Staff that performs administrative functions like accounting, human resources, quality improvement, and communications are not considered direct costs.

0301 Postage
0305 Telephone
0405 In-state-travel
0415 Training
Must explain how it relates to the work of the ACC grant.

0701-0705 Gas/oil and repairs

0801 Advertising
Must explain messaging, purpose, and target groups. General Medicaid outreach/advertising will not be funded as it duplicates the responsibilities of Maryland Health Connection.

0834 Equipment/Photocopier Rental
If shared with other non-grant funded programs, must explain methodology for cost sharing.

0838 Software
Staff PC related software or specific software required only by this Program.

0873 Printing
Limited to Department approved materials/forms only.

0919 Educational Supplies
Limited to items that educate beneficiary about MA/HC benefits, services; how to access care and appeal denials. General health education supplies will not be funded.

0965 Office Supplies

1060-1193 Equipment
Limited to items necessary to conduct the work of this grant; grantee must track computer/electronic equipment purchased by this grant.

1334 Rent
If rented space is shared the LHD disclose the other funding sources whose staff share the same space and must report the methodology for cost sharing and assure that <u>all</u> programs are charged.

1336 Subscriptions/Dues
The LHD must explain how these subscriptions and memberships relate to the work of the grant.

D. <u>Costs not allowed as a direct cost</u>

Purchase of Care (POC) costs in grantee or sub-grantee budgets (these are considered covered under indirect cost): payroll services, communications, IT/LAN support or administration, LHD database systems/upgrades (unless system required only by Program Administration), installation/moving services, network/data systems software licensing fees (unless software required only by Program Administration). Costs in line item 0881 must be described. Costs in line item 0881 must be approved by Program Administration, based on the LHDs demonstration of need to support the grant.

E. <u>The Local Health Department Budget Package (DHMH 4542)</u>

The narrative and budget must be completed by the local health departments in Excel and transmitted electronically, via e-mail. No paper submission will be accepted. The Program Plan is to be submitted in Word only, via e-mail, along with the budget package. In addition to the local health department budget package and Program Plan, submit the following:
- Completed Grant Checklist (*Attachment B*) - <u>budget and program plan will not be accepted without the completed checklist;</u>
- Budget (on worksheet 4542C, use the performance measures noted in the grant instructions; additional measures may be added;
- LHD organizational chart that demonstrates how the program fits within agency's structure;
- Program organizational chart that includes all positions funded by the grant;
- FTE sheet (use Attachment A, revised 1/14);
- Any other forms as requested by the Department or CMS.

<u>The completed budget package, program plan, and attachments should be submitted no later than May 16, 2014 to the grant monitor:</u>

  Marian Pierce, Program Supervisor
  E-mail Address:
  marian.pierce@maryland.gov
  Phone: (410) 767- 6750

OHS HealthChoice and Acute Care
Care Coordination and Complaint Resolution

LHD Administrative Care Coordination-Ombudsman Program
Program Plan

1. Jurisdiction: _____

2. Fiscal Year: <u>FY 2015</u>

3. Program Title: <u>Administrative Care Coordination-Ombudsman Program</u>

4. Grant and Project Numbers:
     Grant#: M A _ _ _ E P S   Project #: <u>F730N</u>

5. Designated Contact Person: _____E-mail: _____
     Phone Number: _____

6. Program Director/Manager/Supervisor, E-mail and Phone Number (if different from above):

7. Internal/External Assessment

8. Goals and Objectives

9. Strategies and Action Plans

10. Performance Measures (attach DHMH 4542C and 440A)

11. Monitoring, Tracking, and Reporting

12. Electronic Budget (use DHMH 4542 Forms)
13. Attachments:
* Sub-provider Attestation (*Attachment A)*, if applicable
*Grant Checklist (*Attachment B*) – dated 1/14
* Activities by Projected FTE & Salary (*Attachment C*) - dated 1/14
* Organizational Charts

MEMORANDUM

Date: [DATE]

To: [Office of Health Services]

From: [NAME OF HEALTH OFFICER/DESIGNEE]
             [NAME OF LOCAL HEALTH DEPARTMENT]

Subject: Attestation of Comprehensive Review of Sub-provider Budgets
             [PROJECT NAME AND NUMBER]

This memorandum attests to our comprehensive review of all sub-provider budgets that fall under the above referenced grants funded by the Office of Health Services to us. Our review process provides assurance that (1) sub-provider budgets include the same level of detail as the provider's budget and (2) the steps performed in our comprehensive review of sub-provider budgets include:

- Documentation of the **deliverables** expected from the sub-provider
- Documentation of the **resources** needed by the sub-provider to provide the deliverables
- Determination of the **reasonableness** of the sub-provider's budgeted resources for providing the expected deliverables
- **Approval of line item expenses** in the sub-provider's budget based on historical data or recent financial analysis.

This Attestation of Comprehensive Review of Subcontractor Budgets for the Administrative Care Coordination/Ombudsman Program and Expanded ACC Program includes the following subcontractors:
[**List the name(s) of subcontractors and award period**]

_____   _____

Health Officer/Designee   Date

FY ____ Administrative Care Coordination/Ombudsman Grant Review Checklist (1/14)

County Name _____ Grant No._____ County PCA: F730N
Reviewer Name_____ Date Review Completed_____

Electronic budget package: Check to indicate completed

___ DHMH 4542A – 4142M budget sheets are complete per instructions

___Standardized Performance Measures (specific to grant) are listed on forms 4542C and 440A

___Schedule of Salary Costs (4542D, 4542E and 4542F, if applicable), match the salary line item on 4542A and FTE / Salary Sheet

___The total listed on supporting budget pages agree with line items on DHMH 4542A

___Staff are budgeted, "job title" identified and activities performed under "type of service" is indicated on budget salary pages 4542D - 4542F

___Written justification is included for line items over $500 (i.e., supplies, travel, printing, etc.). Note: 4542B is used for budget modifications only; do not use

Program Proposal: Check to indicate completed

___Program proposal is five pages or less and meets formatting requirements outlined in grant instructions

___Program proposal includes comparison of current FY's performance measures to previous year (same, less, or greater)

___If there are job vacancies, a plan for filling vacancies is included

Activities by Projected FTE and Salary Sheet (Attachment B): Check to indicate completed

___ Correct form used and completed for "ACC-Ombudsman (F730N), submitted in *Excel*

Organizational Charts: Check to indicate completed

___LHD organizational chart included

___ACC/Ombudsman and Expanded ACC staff is identified in chart

___The Health Department and FY identified on chart

Sub-vendor Budgets (if applicable)

___Attestation form completed and submitted
___Co0py of sub-vendor budget submitted   Revised 1/14

Administrative Care Coordination/Ombudsman (F730N) y

Activities by Projected FTE and Salary
FY 2015

County:_____ Completed By:_____ Date:_____ **Total Salaries & Special Payments** [1]		**Administrative Care Coordination/Ombudsman Activities**									**Total**
		Follow-up on referrals from DHMH Care Coordination/ Complaint Resolution Units, including Ombudsman referrals		**Follow-up on MPRAs and other DHMH reports and referral sources**		**Follow-up on Local Health Service Requests from MCOs and Providers**		**Increase beneficiary and community awareness of Medicaid benefits and system of care**		**Provider Information/ Assistance**		
Name of Person	**Job Title**	%	Salary	%	Salary	%	Salary	%	Salary	%	Salary	
Total Salaries and Special Payments												

[1] List only staff funded in project F730N.

Rev. 1/14

OFFICE OF HEALTH SERVICES
HEALTHCHOICE and ACUTE CARE ADMINISTRATION

FY 15 - INSTRUCTIONS FOR THE PREPARATION OF NARRATIVE AND BUDGET

Expanded Administrative Care Coordination Program for Pregnant Women (F564N)

1. **Allocation:** To be determined.

2. **Purpose of Grant**:
    Medicaid funds 40% of all births to Maryland residents. The primary purpose of this grant is to provide funding to expand the capacity of local health departments (LHD) to provide administrative care coordination to pregnant and postpartum women enrolled in Medicaid. The program aims to improve birth outcomes, to reduce infant mortality and racial disparities, to improve the overall efficiency of the Medicaid Program and decrease Medicaid costs. To effectively carry out the duties specified within this grant, the LHD must establish and maintain good working relationships with Managed Care Organizations (MCOs) and individual Medicaid providers.

    In order to receive Expanded ACC grant funds the LHD must provide local Match dollars. This enables the State to receive federal matching funds. By April 15, 2014, the LHD must inform Medicaid by submitting a written request via email indicating the amount of Match of non-federal funds they would like to designate as the grantee's share for the FY '15 Expanded ACC grant. In response to the amount designated by the LHD, Medicaid will provide an equal amount of funds to carry out Expanded ACC functions. The total funding request must be commensurate with local needs and be supported by the program proposal. Funding requests that cannot be substantiated will be reduced at the discretion of the grantor.

3. **Requirements and Conditions:**
    Grantees must be local health departments which are part of DHMH, the single state agency that operates the Maryland Medicaid Program. LHDs accept these funds in accordance with the Local Health Department Funding System Manual and OMB Circular A-87 (June 2004) and with the understanding that all general, federal, and DHMH Conditions of Award will be met.

    By 7/1/14 the LHD must submit a signed Memorandum of Understanding (MOU). In addition to those requirements noted below LHDs are responsible for adhering to all Conditions of Award that are issued at the time of grant award and for assuring that staff is made aware of these requirements. **LHDs may not subcontract Expanded ACC functions.** LHDs must ensure that:
    *   Grant funds are used for the sole purpose of improving the effectiveness and efficiency of the Medicaid program.
    *   100% of staff's time allocated to the Expanded ACC grant is spent entirely on Medicaid administrative duties.

- The agency has the resources and capability to engage with Medicaid beneficiaries face-to-face, including in their homes, upon request of the beneficiary or the Medicaid Program.
- The agency has sufficient internal control and quality measures to ensure that activities performed under this grant are not a component of, nor could be construed as clinical services, direct medical services or targeted case management services.
- The Expanded ACC staff does not engage in activities which are supported by other federal funds.
- Funds accepted under this grant are not duplicative of other services and initiatives that the LHD is obligated to perform.
- The LHD will not seek contracts with or accept any funds from MCOs or Medicaid Administrative Service Organizations (ASOs) for the performance of Medicaid administrative activities.
- All activities and expenditures must be pre-approved by the grant monitor. If uncertain as to the appropriateness of an activity performed under this grant, promptly request a determination in writing.

4. **Program Activities and Priorities:**
   This grant funds the following program activities in priority order:

- Follow-up on requests by CC/CRU to assist pregnant women and postpartum women in accessing Medicaid services.
- Follow-up on requests by MCOs and providers to assist pregnant women and postpartum women in accessing Medicaid services
- Develop and maintain provider relationships and increase awareness of the Medicaid managed care system as relates to pregnant and postpartum women and children under age two.
- Promote completion of the Maryland Prenatal Risk Assessment and referral process by prenatal care providers;
- Increase general community awareness of and ability to efficiently and effectively use Medicaid benefits.

Additional Referral Sources
In addition to CC/CRU referrals, other referral sources include but are not limited to the following:
- Maryland Prenatal Risk Assessment Forms
- LHD Service Requests from MCOs and providers
- MCHP Eligibility workers, LDSS workers, and Maryland Health Connection staff
- MMIS reports of newly enrolled beneficiaries

Scope of Information for Beneficiaries
When contacting the beneficiary to facilitate effective coordination of Medicaid services and to assist with any authorization processes, the scope of the information provided to

the beneficiary shall be limited to that which will enable the beneficiary to access covered Medicaid services in an appropriate, timely, and cost effective manner. The following topics are within the scope of information typically covered when providing ACC/Ombudsman assistance to HealthChoice enrollees:

- Provide case specific information as directed by the Division of Care Coordination and Complaint Resolution staff and follow the specific protocol for pregnant women;
- Explain the fee-for-service system and how to use prior to MCO enrollment;
- Explain self-referred services such as the ability to maintain established prenatal care provider, ability to access out-of-network family planning services and substance use/behavioral health services;
- Explain importance of selecting and using a primary care provider;
- Direct beneficiaries to the appropriate resource to update demographic information, and how to renew Medicaid MCHP coverage;
- Explain how to select an MCO and how the managed care system works;
- Reinforce the importance of timely follow-up especially when appointments or treatments have been missed;
- Provide information about EPSDT benefits and the importance of preventive health care, dental care, lead screening, and immunizations for children;
- Inform adults about the availability and importance of preventive services such as pap smears, mammograms, etc;
- Explain "carve-out" services, such as mental health and dental services for children and pregnant women;
- Inform women about family planning and preconception health services;
- Assist in linking beneficiaries needing transportation to medical appointments to the LHD MA Transportation Unit;
- Direct beneficiaries back to their MCOs for disease management, care coordination or case management services;
- Explain how to access the HealthChoice Help Line and local ACC/Ombudsman services

When assisting a household where some individuals, typically the children, are enrolled in Medicaid and other members are enrolled in a QHP, refer the person with the QHP related issues to a Navigator or Maryland Health Connection.

 Closure of referrals
Within the timeframe requested by the CC/CRU, the LHD must provide written feedback regarding the resolution of each referred inquiry or closed complaint case. The case report must include the following:
      (1) An explanation of how the case was resolved;
      (2) Details relating to the case, including any pertinent materials;
      (3) Any determination that the MCO has failed to meet the requirements of the
          Maryland Medicaid Managed Care Program;

(4) Any other information required by the Department.

LHDs must provide appropriate feedback on all referrals received in a timely manner

Scope of Information for Providers
LHDs play a pivotal role in building positive relationships between the Medicaid Program, the MCOs, ASOs and providers. This grant funding seeks to expand the number of providers by supporting staff who can engage with providers around various topics of interest to the Medicaid Program. LHDs must be knowledgeable about the changes in health care systems and financing to the extent that they can answer basic questions and refer providers to additional resources when needed. The ACC serves as the local face of the Medicaid Program and, in addition to promoting completion of the Maryland Prenatal Risk Assessment form on referral process, must be able to:
- Link potential Medicaid providers to Provider Enrollment for assistance with the enrollment process;
- Provide education about MA web-based resources and Eligibility Verification Systems;
- Provide contact numbers for central office program staff who can answer provider questions and resolve problems;
- Provide updates on changes to Medicaid operations, such as changes to CMS 1500 claim form and ICD 10;
- Provide information on CRISP to assure more accurate and timely information for PCP selection;
- Inform providers about the Local Health Services Request referral process;
- Promote completion of the Maryland Prenatal Risk Assessment and referral process by prenatal care providers; and
- Convey new and emerging topics of importance to the Medicaid Program to providers and stakeholders.

5.   **Operational Requirements**
This section addresses staffing, hours of operation, referral time frames, and confidentiality requirements related to the operations of the Expanded ACC Program and coordination with the ACC-Ombudsman Program. In accepting these grant funds the LHD agrees to operate as follows:
- Operate the Expanded ACC Program as an extension of the ACC/Ombudsman Program and maintain coordination at all times;
- Have staff available at all times during business hours to provide assistance to beneficiaries referred by fax (by phone as backup) from CC/CRU and MCOs;
- Have licensed nursing staff available during business hours for consultation to address the any complex medical issues;
- Designate a local point person for the grant who will be the ongoing contact between the Department and the LHD to keep the local health officer informed of all budget matters and administrative program related correspondence from the Department;

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- Serve as the single point of entry for MCO referrals to bring non-compliant or hard-to-reach beneficiaries back into the healthcare system; maintain basic information on all referrals from the CRUs and MCOs; designate a staff member to serve as the day to-day link with MCOs;
- Make a determination as to whether a written referral received from the MCO will be acted upon, within 10 business days of receipt, and inform the referral source if the LHD is not going to act on the case and notify the Division of the reason;
- Attempt to contact the beneficiary by phone or face-to-face (home or community setting, as appropriate), if phone contact is unsuccessful, within 15 business days of receipt of an accepted referral;
- Provide written feedback to CRU, MCO or other referral source regarding successful/unsuccessful contacts with beneficiary, to date, within 30 calendar days of receipt of the referral;
- Keep a record of all ACC contacts (failed and successful) with the beneficiary;
- Maintain confidentiality of beneficiary records including communications in print (i.e. email, texts) and eligibility information, in accordance with all federal, state, and local laws and regulations, and use that information, with the Department's approval, only to assist the beneficiary to apply or maintain Medicaid benefits and to receive needed health care services;
- Ensure staff is available for administrative update meetings and site visits at the request of the grantor;
- Assure LHD staff have a working understanding of federal and state Medicaid Program regulations and requirements and that they are knowledgeable about Medicaid fee-for-service and MCO covered services, including the beneficiary's right to go out-of-plan for certain "self-referred" services;
- Provide information to external organizations and agencies about Medicaid programs and services, including HealthChoice Helpline, availability of ACC/Ombudsman to assist with care coordination and complaint resolution services;
- Provide information to beneficiaries about the State Fair Hearing and MCO Appeals and Grievance Process;
- Link the beneficiary to a Medicaid provider or MCO within 10 business days of receipt of the Maryland Prenatal Risk Assessment form or other designated newborn or child referral source;
- Provide assistance for special projects when requested by the Program;
- Develop and maintain collaborative relationships with Medicaid providers and MCOs;
- Develop strategies to increase the access and capacity of Medicaid services including dental and behave behavioral health services.

6.   **Program Proposal Format**: Follow the outline provided with these instructions. **NOTE: If submitting both ACC/OMB - F730N and Expanded ACC-F564N budgets, a separate program plan is now required for each grant.**

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For the program proposal (excluding performance measures), the following format must be used:
Margins: Top, bottom, left, right-1
Character Font Style: New Times Roman - 12 point
Headers: Bold, italics, 14 point
Spacing: Single

Internal/External Assessment should answer the question the question "Where are we now?" with specific data related to the target groups and ACC/Ombudsman activities. Include the following information:

- Identify the number and demographics of the Medicaid and MCHP HealthChoice beneficiaries in the county.
- Describe which MCOs participate in the county and any specific provider shortages that present challenges.
- Include a description of the ACC/Ombudsman service locations, phone numbers and hours of operation; include the current fax # for receiving referrals.
- Identify community groups with whom the ACC/Ombudsman program collaborates (i.e. schools, churches, and community based organizations).
- Describe the program's ability to address populations with Limited English Proficiency.
- If staffing does not include a licensed nurse identify the program's consulting nurse and describe their availability.

The **Goals and Objectives** should further answer the questions "Where are we" and "Where do we want to be" with broad goal statements and specific measurable objectives for accomplishment of goals.

Strategies and Action Plans should answer the questions "Who, What, When, Where, and How." The ACC/Ombudsman Program must describe mechanisms and proposed activities to accomplish identified goals and objectives.
At a minimum the proposal should include strategies that identify and describe:

- How ACC/Ombudsman functions and activities will be prioritized and carried out.
- Protocols for contacting beneficiaries, including face-to-face contacts in the home or community, as necessary.
- How the LHD will build and sustain provider relationships and increase providers' understanding of the Medicaid managed care system.
- How to increase beneficiary's awareness of Medicaid benefits, the HealthChoice Helpline, care coordination, complaint resolution services.
- How information will be conveyed in a culturally sensitive and linguistically appropriate manner.
- Collaborative efforts with schools, churches, and community organizations to ensure ACC/Ombudsman grant funded staff are known as the point of contact for Medicaid benefit information and care coordination.

- Coordination with MCHP Eligibility workers, LDSS, Navigators, Assisters, or Application Counselors.
- How Expanded ACCU works together with ACC/Ombudsman to accomplish goals and avoid duplication.

Performance Measures: Use DHMH form 4542 C-Estimated Performance Measures and 440A and submit electronically. Performance Measures are specific quantitative representations of a capacity, process or outcome deemed relevant to the measurement of performance. Performance Measurements must specifically display quantified indicators that demonstrate whether or not the goal or objective is attained. It is vital to measure relevant factors that show evidence of the program's success or failure. Performance Measures should be **"SMART"** ---- **S**pecific, Measurable, **A**ttainable, **R**ealistic and **T**angible/Time limited.

Each Performance measurement should include a specific goal or objective and a quantitative measure of the goal or objective. Each performance measure should answer the following question.
1. Does the performance measure relate to the objective it represents?
2. Is the measure valid - does it measure what you want to measure?
3. Is it understandable to others - is it clear?
4. Is this measure a result of some activity that is performed by the program?

At a minimum, the following performance measures must be included.

1. 95% of care coordination referrals from CC/CRU for pregnant women will be completed within the timeframe requested.
2. 85% of requests for service from an MCO will be processed and returned within 30 days from the receipt of the referral.
3. 100% of Expanded ACC reports will be submitted on time (by the last day of the month following the reporting month).
4. 90% of Maryland Prenatal Risk Assessment forms will be forwarded to the Department within 48 hours of LHD receipt.

7. **Monitoring, Tracking, and Reporting:**
   For reporting purposes, the quarterly report on staffing/salaries and quarterly cumulative budget expense report must be submitted separately for Expanded ACC grants. The LHD must also submit the following:
   - **Monthly** Expanded ACC activity report (parts A, B)
   - **Quarterly** narrative that reflects activities in both grants, awareness activities report, performance measures report (if same measures in each grant)
   - **Bi-annual** provider network report
   - **Annual** fiscal year end (data and narrative for both grants)

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All reporting components are due the last day of the month following the report month (i.e. July's report is due by August 31st). Other reports may be periodically be requested by the Department and must be submitted by the requested date.

8. **Budget Requirements:** Subcontracts are not permitted in this grant

    A. Indirect costs for this grant are limited to 7%. The indirect cost rate may not exceed 7% on non sub-grantee line items (0881-0899).

    B. Calculation of direct costs

    T = total award
    D = direct cost
    I = indirect cost

    $T/1.07 = D$; then $T - D = I$

    C. Direct cost allowed by object:

    0111-0299 Salary/fringe
    Personnel costs will be approved only for staff directly performing, supporting, or directly supervising these functions. Staff that performs administrative functions like accounting, human resources, quality improvement, and communications are not considered direct costs.

    0301 Postage
    0305 Telephone
    0405 In-state-travel
    0415 Training
    Must explain how it relates to the work of the ACC grant.

    0701-0705 Gas/oil and repairs

    0801 Advertising
    Must explain messaging, purpose, and target groups. General Medicaid outreach/advertising will not be funded as it duplicates the responsibilities of Maryland Health Connection.

    0834 Equipment/Photocopier Rental
    If shared with other non-grant funded programs, must explain methodology for cost sharing.

    0838 Software
    Staff PC related software or specific software required only by this Program.

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0873 Printing
Limited to Department approved materials/forms only.

0919 Educational Supplies
Limited to items that educate beneficiary about MA/HC benefits, services; how to access care and appeal denials. General health education supplies will not be funded.

0965 Office Supplies

1060-1193 Equipment
Limited to items necessary to conduct the work of this grant; grantee must track computer/electronic equipment purchased by this grant.

1334 Rent
If rented space is shared the LHD disclose the other funding sources whose staff share the same space and must report the methodology for cost sharing and assure that all programs are charged.

1336 Subscriptions/Dues
The LHD must explain how these subscriptions and memberships relate to the work of the grant.

D. Costs not allowed as a direct cost

Purchase of Care (POC) costs in grantee (these are considered covered under indirect cost): payroll services, communications, IT/LAN support or administration, LHD database systems/upgrades (unless system required only by Program Administration), installation/moving services, network/data systems software licensing fees (unless software required only by Program Administration). Costs in line item 0881 must be described. Costs in line item 0881 must be approved by Program Administration, based on the LHDs demonstration of need to support the grant.

E. The Local Health Department Budget Package (DHMH 4542)

The narrative and budget must be completed by the local health departments in Excel and transmitted electronically, via e-mail. No paper submission will be accepted. The Program Plan is to be submitted in Word only, via e-mail, along with the budget package. In addition to the local health department budget package and Program Plan, submit the following:
- Memorandum of Understanding (non-Home Rule or Home Rule form). Submit the appropriate MOU and amount of funding requested by **April 18, 2014**
- Completed Grant Checklist (*Attachment B*) - budget and program plan will not be accepted without the completed checklist.
- Any other forms as requested by the Department and/or the CMS

HEALTHCHOICE and ACUTE CARE ADMINISTRATION

When a county elects to submit grant requests for both ACC/Ombudsman and Expanded ACC the following items must be submitted for <u>each</u> grant:

- Budget (on worksheet 4542C, use the performance measures noted in the grant instructions; additional measures may be added);
- LHD organizational chart that demonstrates how the program fits within agency's structure;
- Program organizational chart that includes all positions funded by the grant;
- FTE sheet (use Attachment A, revised 10/13).

The county may submit one ACC/Ombudsman program plan for both Expanded ACC and ACC/Ombudsman grants. The plan must include both grant names/numbers and the activities for each grant must be clearly identified. If only one program plan is submitted, only one set of performance measures is required.

<u>The completed budget package, program plan, and attachments should be submitted no later than May 16, 2014 to the grant monitor:</u>

> **Marian Pierce, Program Supervisor**
> **E-mail Address:**
> marian.pierce@maryland.gov
> **Phone: (410) 767- 6750**

OHS HealthChoice and Acute Care
Care Coordination and Complaint Resolution

Expanded Administrative Care Coordination Program Plan

1. Jurisdiction: _____

2. Fiscal Year: FY 2015

3. Program Title: Expanded Administrative Care Coordination Program Plan

4. Grant and Project Numbers:
    Grant#: M A _ _ _ E P S   Project #: F564N

5. Designated Contact Person: _____E-mail: _____
    Phone Number: _____

6. Program Director/Manager/Supervisor, E-mail and Phone Number (if different from above):

7. Internal/External Assessment

8. Goals and Objectives

9. Strategies and Action Plans

10. Performance Measures (attach DHMH 4542C and 440A)

11. Monitoring, Tracking, and Reporting

12. Electronic Budget (use DHMH 4542 Forms)
 13. Attachments:
* Grant Checklist (*Attachment A*) – dated 1/14
* Activities by Projected FTE & Salary (*Attachment B*) - dated 1/14
* Organizational Charts

FY _____ Expanded ACC Grant Review Checklist (1/14)

County Name _____ Grant No._____ County PCA: F564N
Reviewer Name_____ Date Review Completed_____

Electronic budget package: Check to indicate completed

___ DHMH 4542A – 4142M budget sheets are complete per instructions

___Standardized Performance Measures (specific to grant) are listed on forms 4542C and 440A

___Schedule of Salary Costs (4542D, 4542E and 4542F, if applicable), match the salary line item on 4542A and FTE / Salary Sheet

___The total listed on supporting budget pages agree with line items on DHMH 4542A

___Staff are budgeted, "job title" identified and activities performed under "type of service" is indicated on budget salary pages 4542D - 4542F

___Written justification is included for line items over $500 (i.e., supplies, travel, printing, etc.). Note: 4542B is used for budget modifications only; do not use

Program Proposal: Check to indicate completed

___Program proposal is five pages or less and meets formatting requirements outlined in grant instructions

___Program proposal includes comparison of current FY's performance measures to previous year (same, less, or greater)

___If there are job vacancies, a plan for filling vacancies is included

Activities by Projected FTE and Salary Sheet (Attachment B): Check to indicate completed

___ Correct form used and completed for "Expanded ACC" (F564N) submitted in *Excel*

Organizational Charts: Check to indicate completed

___LHD organizational chart included

___ Expanded ACC staff is identified in chart

___The Health Department and FY identified on chart

Revised 1/14

Expanded Administrative Care Coordination (F564N)   Attachment B

Activities by Projected FTE and Salary
FY 2015

County:_____		Expanded Administrative Care Coordination Activities											
		Follow-up on referrals from DHMH Care Coordination and Complaint Resolution Units		Follow-up on MPRAs and other DHMH reports and referral sources		Follow-up on Local Health Service Requests from MCOs and Providers		Increase beneficiary and community awareness of Medicaid benefits and system of care for pregnant women		Provider Information and Assistance			
Completed By:_____ Date:_____ _____												Total	
Total Salaries & Special Payments [1]													
Name of Person	**Job Title**	%	Salary	%	Salary	%	Salary	%	Salary	%	Salary		
Total Salaries and Special Payments													

[1] List only staff funded in project F564N.

Rev. 1/14

OFFICE OF HEALTH SERVICES
LONG TERM CARE & COMMUNITY SUPPORT SERVICES
ADMINISTRATION

<u>ADULT DAY CARE HUMAN SERVICE AGREEMENT</u>
<u>FY 2015 FUNDING</u> <u>REQUIREMENTS & PROPOSAL GUIDELINES</u>

I.   CONDITIONS OF AWARD

The following conditions and requirements must be met as a condition of award. These conditions are incorporated into your contract or Memorandum of Agreement and must be adhered to. **PLEASE NOTE THESE CONDITIONS <u>DO NOT</u> NEED TO BE ADDRESSED IN YOUR PROPOSAL.** Refer to Sections II and III for proposal content.

A. <u>Target Population</u>

Office of Health Services (OHS) Adult Day Care funds are targeted for the care of Maryland's population of functionally impaired adults in the community who are at risk of deterioration or institutionalization, if their health and social needs are not met. More specifically, these funds are used to support Maryland residents age 55 years or older who have physical or mental impairments, particularly chronic disease and health problems associated with aging including Alzheimer's disease and related disorders. These adults are unable to be employed, and at risk of institutionalization. Those in need of prevocational or vocational activities are <u>not</u> appropriate participants under this funding.

All Adult Day Care participants who receive fee subsidy under this agreement must be recommended for Adult Day Care by the local health department. **This recommendation must be maintained in the participant's record.** Also, just prior to the submission of each fiscal year's funding proposal, a health care utilization review must be conducted for each (OHS) participant and maintained in his/her record. The Healthcare Audit/Utilization Review document will be mailed out December, 2013 and should be submitted with the FY 2015 proposal.

B. <u>Scope of Service</u>

Providers under this contract are required to provide Adult Day Care services to address these health and social needs: transportation: (COMAR 10.12.04.27): activities program; activities of daily living, exercise and rest and, day-to-day counseling (COMAR 10.12.04.14).

Additional service requirements are: diet modifications: rehabilitative
services; social services; medical consultation; and, other services
COMAR 10.12.04.15A(2-8). Centers strive to bring the cognitive and physical
functioning of participants to the highest level possible.

C. Participant Financial Eligibility and Fee

Participant financial eligibility and fees are determined in accordance
with current DHMH "Ability to Pay Schedule", current DHMH approved
charges and pertinent regulations, guidelines and policies. Those participants
financially eligible for service subsidy under the contract are assessed a per
diem fee on a sliding schedule based on their ability to contribute to the cost
of care. Directors have the authority to waive or reduce fees on a case by case
basis if warranted. Fees are adequately documented on a fee assessment
document annually.

D. Reports and Forms

Progress toward fulfillment on the contract will be monitored through the submission
and/or maintenance of budgets, statistical and financial reports. Contractors are required to
submit statistical and financial reports to DHMH timely. Deadlines must be met in order
to enable monitoring and evaluation of the contractor's service. The reporting
requirements are:

Form	Frequency	Due Date
1. Budget (DHMH 4542A-M)	Yearly	Prior to fiscal year as directed
2. Statistical Report Form	Quarterly	10TH of month following close of quarter
3. Budget Modification (DHMH 4542)	As needed	April-date specified by DGLHA
4. DHMH 440	Yearly to reconcile FY expenses	Prior to August 30
5. Cost Report	Yearly to reconcile FY expenses	Prior to September 30
6. Schedule of Charges	Yearly	Prior to May 30

Note: *DG&LHA - Division of Grants and Local Health Accounting

Form	**Frequency**	**Due Date**
7. Adult Day Care Assessment and Planning System	According to written instructions	Maintained in participant record
8. DHMH 3423-Health Care Audit/Utilization Review Procedure (Rev. 4/95)	Annually	Audit/review performed in DEC; maintained in participant record
9. DHMH 3424-Periodic Health Record Audit (Rev. 4/95)	Annually	Audit performed in DEC; maintained in participant record

    E.   Other

        Directors will meet with (OHS) staff periodically to discuss policies and procedures for fulfilling human service agreements.

II.   LEVEL OF SERVICES

State the licensed capacity, number of slots, actual days of service, and number of individuals to be served by funding source for FY 2015. (One slot is defined as 215 **ACTUAL DAYS OF SERVICE PER FISCAL YEAR).**

        Licensed Capacity: _____

	OHS	**MA**	**OTHER**
Slots			
Actual Days of Service			
Individuals to be served			

III.   PROCESS OBJECTIVES AND IMPLEMENTATION STEPS

In this year's proposal, eight process objectives are stated (A-H). These process objectives provide the OHS and centers with a document that can be reviewed to evaluate

progress toward reaching stated objectives. Please keep the proposal organized by capital letters and numbers as presented here in the instructions.

Centers must provide the information requested for each question. If there are changes in the centers policies, organizational structure, or mode of operation under any of these categories, please include new plans along with the answers to the standard questions.

A. The Adult Day Care Center will provide services that meet or exceed standards as required by licensing regulations.

   A-1   Social Services

   - Describe provisions for participant counseling, both individual and group. Is family/caregiver counseling available at center?

   - Describe what the social worker does to help caregivers and participants gain access to additional services needed (e.g. support groups, counseling, in-home services).

   - Describe method of informing participants of their rights while in attendance. What is the formal grievance process available to participants?

   A-2   Medical and Nursing Services

   - Beginning FY 1997, OHS funded centers are required to have written policies and procedures regarding Advance Directives which include education for participants and caregivers. Are any changes being considered for FY 2015? If policies have not been completed, describe specific goals and anticipated completion date. Has the MIEMSS/EMS Palliative Care/DNR protocol been considered?

   - Describe the process for obtaining information regarding psychotropic drugs, i.e., purpose, adverse reactions to be reported and interaction with other medications.

   - What tools/methods are used by staff to assess for signs of mental illness and/or dementia?

   - Describe your center's program to inform the participants about the recommended need for adult immunizations.

A-3   Activity Program

- Describe the process used to determine the effectiveness of the activity program.

- Describe how concurrent programming is used to allow optimum participant involvement and stimulation.

- Is activity coordinator a full time or part time staff member? If part time, state the number of hours worked each week.

- What opportunities do participants have to be exposed to and involved in activities and events in the community?

A-4   Program Diversity

- Describe how the program reflects cultural diversity.

A-5   Individual Plan of Care

- What outside agencies are involved in care plan coordination?

- Describe opportunities for participant, family/ caregiver, and other service providers to have input in the plan of care.

A-6   Evaluation

- A requirement of the FY 2014 agreement is that you conduct a survey to obtain feedback at least once during the fiscal year from participants (as feasible) and family/caregivers regarding their satisfaction with services. Describe this process.

- What was the most significant aspect of feedback obtained in last year's survey efforts? Were any changes made to the program as a result?

- State how the center's program and services are evaluated on different levels:

    - participant/caregiver/staff level;
    - community level (how the center fits into the continuum of community health services).

OFFICE OF HEALTH SERVICES (CONT.)
Adult Day Care Centers

        A-7   <u>Quality Assurance in Care Plan Reviews and Health Record Audit</u>

- Describe the status of the Quality Assurance program, specifically which areas were evaluated in FY 2014 and any changes which may have occurred as a result of the evaluation.

- Describe a specific study or area to be evaluated in FY 2015.

B. The Adult Day Care Center will provide staff whose qualifications, training and numbers meet or exceed standards as defined by licensing regulations.

        B-1   List continuing education training attended by staff in the community during FY 2014 (e.g. 2 program assistants attended (MAADS Activity Workshop).

        B-2   What are the plans for staff continuing education this FY 2015?

C. The Adult Day Care Center administrative structure and organization will meet or exceed standards as defined by licensing regulations. Organizational Chart with positions must include, FTE hours/position, and lines of authority.

D. The Adult Day Care Center will provide a facility and physical environment that meet or exceed standards as defined by licensing regulations. (Are changes planned in this area? Discuss briefly, if applicable).

E. The Adult Day Care Center will engage in community and public relations that result in high visibility and a referral rate sufficient to meet enrollment objectives.

        E-1   Have marketing objectives and the tools and techniques used in marketing been evaluated?

        E-2   Describe current marketing activities.

        E-3   Describe the organization's system for informing the public about long-term care, adult day care, and the center's specific programs and services.

F.   Transportation

    F-1   Describe the transportation services available (e.g. center owned and operated, availability for field trips etc.)

    F-2   How are transportation services evaluated?

G.   Health Insurance Portability and Accountability Act (HIPAA)

    G-1   Describe steps taken to educate staff regarding this law.

    G-2   Describe any decisions made or actions taken to move the agency toward HIPAA compliance. Outline next steps to be taken by the agency to address these new requirements.

H.   Optional

    H-1   Has center explored possible relationships to any managed care systems?

    H-2   Other program objectives and information may be added.

Adult Day Care Centers (Local Health Departments only)

Provides a wide range of health and social services during the day to persons 55 years of age or older who have functional impairments. Proposals must be submitted in accordance with the guidelines and format as indicated on the document titled "Adult Day Care Human Service Agreement FY 2015 Funding Requirements and Proposal Guidelines". Line item budgets, equipment and personnel detail must be included. Also, include budget adjustment sheets used for line item posting to FMIS.

OFFICE OF HEALTH SERVICES (CONT.)
Adult Day Care Centers

The ADC funding request along with the Program narrative and a cover sheet must be electronically sent to evonda.green-bey@maryland.gov .

The requested documents should be received in this office by Friday, April 25, 2014.

> **Ms. Evonda Green-Bey, Program Specialist**
> **Office of Health Services**
> **Division of Community Long Term Care**
> **201 W. Preston Street, 1st Floor-Room 133**
> **Baltimore, Maryland   21201**

END OF OFFICE OF HEALTH SERVICES
ADULT DAY CARE CENTERS

OFFICE OF HEALTH SERVICES
LONG TERM CARE & COMMUNITY SUPPORT SERVICES
ADMINISTRATION

Long Term Care Services

1.   **Allocation** - To be determined at a later date.

2.   **Program Proposals** - No new programs requested at this time.

3.   **Program Priority Areas**

> **Adult Evaluation and Review Services (AERS)- Geriatric Evaluation Services (GES), Statewide Evaluation and Planning Services (STEPS) and Preadmission Screening and Resident Review (PASRR)**
>
> a. Evaluation of persons 65 and older considered for admission to State psychiatric facilities
>
> b. PASRR
>
> c. Home and community-based services waiver clients
>   1) Older Adults Waiver (OAW).
>   2) Living at Home LAH
>   3) Other LTC waivers as appropriate.
>
> d. STEPS Evaluations
>   1) Persons in the hospital considered for nursing home admission.
>
>   2) Senior Care clients and non-waiver assisted living clients or applicants.
>
>   3) Other STEPS eligible individuals with health, psychosocial, and functional impairments to determine if home and community-based services could appropriately substitute for nursing home care.
>
> e. Adult Day Services new admissions for Human Service Contracts under the Office of Health Services, Division of Community Long Term Care Services.
>
> f. Others at risk of long term care services.

Office of Health Services Long Term Care Services (continued)

4. **AERS FUNDING PROPOSALS**

    Submit full funding proposal as indicated below:

    a. Program narrative, which includes how AERS will address
        program priorities with corresponding program performance measures and the attached
        STEPS/PASRR Data forms. Program narrative may be submitted by either e-mail or
        hard copy.

        a. Mail <u>one</u> hard copy of the updated inventory of available services provided to an
            individual upon completion of the evaluation.

    b. Complete and submit the AERS electronic budget file 4542 (A thru M) to the following e-mail addresses: <u>Kevin.Patterson@maryland.gov</u>

    <u>Due Date May 8, 2013: AERS Funding Proposal</u>

    Complete funding proposal including, program narrative, inventory of services and the
    electronic budget file should be submitted by the above date to:

    Kevin Patterson, Chief
    Division of Evaluation and Quality Review
    Office of Health Services
    201 West Preston Street, (Room 120)
    Baltimore, Maryland 21201

    E-mail address: PattersonK@dhmh.state.md.us

STEPS/PASRR/Data

FY: _____

Table I

All Evaluations	Senior Care	Older Adults Waiver		Living at Home Waiver		Other	Total
		New	Redet	New	Redet		
# of STEPS							
# of PASRR							
# of Non-STEPS & Non-PASRR							
GRAND TOTAL							

Table II

PASRR Evaluations	No Nursing Home		Nursing Home			Other	Total
	Community Placement Without –SS	Specialized Services-(SS)	W/O-SS	ITP	SS		
# of PAS/MI # of PAS/DD # of PAS/Dual							
PAS Sub-Total							
# of RR/MI # of RR/DD # of RR/ DUAL							
RR Sub-Total							
Total							

Table III

Case Management	Total
# of M.A. Clients # of Non-M.A. Clients	
Average Monthly Caseload	

NOTE: Please complete the above tables for FY2012 actuals, FY 2013 and FY 2014.

.

OFFICE OF HEALTH SERVICES
LONG TERM CARE & COMMUNITY SUPPORT SERVICES
ADMINISTRATION

Medicaid Transportation Grants Program

I.   <u>INTRODUCTION</u>

This Invitation solicits local jurisdiction involvement in the assurance of non-emergency transportation services for eligible Medicaid recipients in Maryland. Services provided in response to this Invitation should begin July 1 and continue the entire fiscal year.

II.   <u>BACKGROUND</u>

A.   Maryland Medicaid Program

The Maryland Medical Assistance Program, within the Department of Health and Mental Hygiene (DHMH), administers Medicaid within the State. Medicaid is the program jointly funded by the state and federal governments that provides reimbursement for covered medical services provided to certain qualifying individuals. In order to receive federal reimbursement, Maryland must administer its program in conformity with federal statutes and regulations.

B.   Transportation Programs

The federal government requires at 42 CFR . 431.53, that a State plan must:

1.   Specify that the Medicaid agency will assure necessary transportation for recipients to and from providers; and

2.   Describe the methods that will be used to meet this requirement.

Currently, this assurance requirement is met in Maryland through the service provided by three separate programs:

Transportation Grants -- (COMAR 10.09.19),
Ambulance Services Program -- (COMAR 10.09.13), and the
Emergency Service Transporters Program -- (COMAR 10.09.31)

Only Medicare primary, Medicaid secondary ambulance services are covered under COMAR 10.09.13, Ambulance Services. Only emergency "911" ambulance services are covered under COMAR 10.09.31, Emergency Service Transporters.

III.   OBJECTIVES OF THIS INVITATION

The Grant-in-Aid funds awarded to the local jurisdictions are to be used for the "safety net" funding of transportation to recipients who have no other available source of transportation. Since Medicaid is the payer of last resort, all other sources of transportation must be accessed prior to the expenditure of the grant funds for transportation services.

This "safety net" funding of transportation should:

1.   Continue recipient access to medical care;

2.   Assure services to meet the non-emergency transportation needs of Medical Assistance recipients who have no other means of transportation to and from Medically necessary covered services to the closest appropriate provider;

3.   Encourage new transportation resources in areas where they are limited;

4.   Assure the appropriate provision of transportation service by screening recipients for other transportation resources; and

5.   Provide transportation in the most efficient and cost-effective manner possible by:

        a.   Using the least expensive appropriate resource; and
        b.   Enhancing the use of volunteers and charitable organizations.

IV.   ROLE OF THE LOCAL JURISDICTION

Screening and Eligibility Determination

Under this initiative, the major responsibility of the local jurisdiction will be to screen requests for non-emergency transportation services for qualified Medical Assistance recipients. Transportation is only to be provided to Maryland Medicaid recipients for Medicaid-coverable, medically necessary services performed by the closest appropriate provider. It is the responsibility of the Grantee to determine if third party coverage is available for ambulance transportation. A denial of coverage from the third party insurer (Medicare and private insurance) must be kept on file and available for review by the Department.

Transportation services <u>must</u> be provided to recipients who have no other means of transportation available. Proper screening for other transportation resources that may be available to the recipient includes inquiring about the following:

1. Whether the recipient or a family member in the recipient's household owns a vehicle;

2. Availability of other relatives' or friends' vehicles;

3. Availability of a volunteer using a privately owned vehicle;

4. Availability of a volunteer from a public or private agency;

5. Transportation services provided free by any other city, county, state or federal agency programs;

6. Transportation services provided free by any other city, county, state or federal agency programs;

7. Methods by which the recipient previously reached medical services or currently reaches non-medical services (such as the grocery store);

8. Whether the recipient can walk to the medical service;

9. Whether public transportation operates between the recipient's location and the medical service;

10. How far does the recipient live from public transit?

*Please note that the Department may change the screening questions, but will provide grantees with advanced notice.

Documentation of recipient screening must be recorded and submitted to DHMH on a quarterly basis in an electronic format to be identified by the Department. Screening questions must assess all transportation resources available and follow all written guidance from the Department. A grantee may use an electronic or paper format that notes responses to all screening questions, the date of the screening, the eligibility determination for the transportation program, and any referrals to other resources. Screening must be performed for newly eligible recipients and at least quarterly thereafter for recipients who actively utilize the transportation program.

In the event that a recipient is denied transportation services, local jurisdictions must document the reason(s) for the denial and provide the recipient with written notice conveying appeal rights in accordance with section VII of this document.

Office of Health Services Transportation Grants Program (continued)

Determining Most Cost Effective Mode of Transportation

Additional screening questions may be asked by the local jurisdiction provided that additional questions do not create more or less restrictive eligibility criteria for the transportation program.

Additional screening questions to determine the most efficient mode of transportation should be asked, as well as asking if the recipient has any specialized transportation needs.

If transportation other than car, sedan, or van service is indicated, i.e. the recipient is not ambulatory, the Statewide Provider Certification form is required. The Provider Certification form should be filled out by the recipient's provider who can best attest to the need for specialized transportation. One courtesy ride may be provided prior to the form being completed, but the form must be on file prior to subsequent trips. This form must be updated annually and when the recipient's mode is changed.

A Grantee may access medical staff at the local health department (LHD), minimally a R.N., to ensure the correct mode of transportation is being considered.

All after hour ambulance trips will be reviewed by LHD Transportation staff. Additionally, 10% of all ambulance calls will be reviewed by those health departments that have less than 1,000 ambulance trips per year. All health departments that have ambulance trips in excess of 1,000 trips yearly will review 5% of their responses.

Verification of Appointments

Grantees are responsible for ensuring that requested trips are for scheduled medical appointments. In doing so, grantees are to verify at least ten (10%) percent of monthly trips provided. Specifically, five percent of verifications should be performed prior to transport and five percent of verifications should be performed subsequent to transport. **In cases where recipients have been found to misuse Medicaid transportation, grantees are to verify all trips for a period of at least three months.** All trip verifications must be documented and submitted on a quarterly basis to the Department in a format approved by the Department.

Other Requirements

Local jurisdictions or their contractors must be available to take calls from recipients for screening or to schedule appointments at a minimum between the hours of 9 a.m. and 5 p.m. Monday through Friday, excluding State holidays.

The local jurisdiction may require that requests for transportation service be made a minimum of 24 hours in advance, keeping in mind the need for flexibility in exceptional cases such as hospital discharges, emergency room releases and recovery after outpatient treatments requiring general anesthesia.

For aero medical transports, all claims will be reviewed within 15 business days receipt and approved "clean" claims will be paid within 30 days of receipt. A "clean" claim is submitted with all required attachments and documentation.

Monies from this grant shall <u>not</u> be used to pay for the following transportation services:

1.   Emergency transportation services.

2.   Medicare ambulance services.

3.   Transportation to or from Veterans Administration hospitals unless it is to receive treatment for a non-military related condition.

4.   Transportation of an incarcerated person.

5.   Transportation of recipients committed by the courts to mental institutions.

6.   Transportation between a nursing facility and a hospital for routine diagnostic tests, nursing services or physical therapy which can be performed at the nursing facility.

7.   Transportation services from any facility for treatment when that treatment is provided by the facility in which the patient is located.

8.   Transportation to receive non-medical services.

9.   Gratuities of any kind.

10.   Transportation for the purpose of Medical Day Care services.

11.   Transportation to and/or from State facilities while the patient is a resident of that facility.

12.   Trips for the purposes of education, activities, or employment.

13.   Transportation for the purpose of Day Habilitation Program services.

14.   Transportation of anyone other than the recipient except for an attendant accompanying a minor or when an attendant would be medically necessary.

15. Wheelchair van service for ambulatory recipients.

16. Ambulance service for recipients who do not need to be transported in a reclining position or whose condition does not require monitoring by certified or licensed ambulance personnel.

17. Transportation for the purpose of Psychiatric Rehabilitation Programming (PRP).

V. FUNDING

Funding is comprised of matching General Funds and Federal Financial Participation (FFP). The total allotment for each local jurisdiction will be determined annually and communicated to each jurisdiction. This amount includes funding for transportation of any Medicaid recipient who resides within the jurisdiction (regardless of certification location) or for whom the jurisdiction retains responsibility.

In order to assure the availability of FFP, the local jurisdiction must show/obtain documentation of the following items:

1. That grant funds are spent only on arranging, providing and validating transportation services to Maryland Medicaid recipients;

2. A Statewide Provider Certification Form for a recipient being transported to a provider while bypassing a provider of the same specialty; and

3. Annual certification from the recipient's provider validating the medical need for wheelchair and stretcher/ambulance transportation based on the recipient's physical and/or medical disability. Intermittent certification is required should the recipient's condition change. The Statewide Provider Certification Form is attached. An electronic format is available upon request.

In circumstances where the local jurisdiction is unable to meet the transportation needs of its recipients out of grant funds and can substantiate that the grant funds have been spent in accordance with this Invitation, the Program administrators should be contacted.

VI. ACCOUNTABILITY

A. The Budget Management Office, Division of Program Cost and Analysis, will reconcile each Human Service Grant-in-Aid (grant) on an annual basis.

B. The Human Services Agreements Manual shall, by reference, govern this agreement between the DHMH and the local jurisdiction and shall address the administrative

Office of Health Services Transportation Grants Program (continued)

and fiscal aspects of this budget-based human services funding. All policies required by this manual shall be followed.

C.   LHD budget submissions must include the submission of the Budget Adjustment Sheets used for the line item posting to FMIS.

D.   Local Health Departments, who want to post budget information to FMIS for locally funded programs, should contact the DHMH, General Accounting Division for information on how to complete such an action.

E.   The Local Health Departments will submit a plan for monitoring the performance of their contractors as stipulated in COMAR 10.09.03C (4).

VII.   APPEAL PROCESS

A.   Only applies when:

1.   A valid Medicaid card is held;

2.   Adequate notice of at least 24 hours is given;

3.   No alternative transportation can be identified; and

4.   Local agency denies transportation.

B.   Local agency sends appeal letter.

C.   Attendance at hearings

1.   Grantees are expected to attend hearings as a Department witness.

2.   Program staff will appear at hearings to present Department policy.

VIII.   SUBMISSION OF PROPOSALS

A. Please describe how you propose to accomplish the responsibilities discussed under "Role of the Local Jurisdiction" including:

1.   The eligibility screening process and questions asked of applicants.

2.   Verifying transportation to a provider for a Medicaid coverable service.

3.   How screening and transportation will be provided. (provision of screening and transportation cannot be performed by the same entity):

Office of Health Services Transportation Grants Program (continued)

    a.   Details of direct transportation provision by local jurisdiction; or

    b.   Recruitment and coordination of transportation providers. If you   propose to subcontract with transportation providers, please identify:

        (1)   the name of the subcontractors;

        (2)   the scope of service;

        (3)   the payment arrangement and payment level;

        (4)   a detailed plan for monitoring the performance of the subcontractor(s); and

        (5)   a copy of the contract.

    c.   Proposed formats of required quarterly reports on screening and appointment verification.

  4.   How funds will be used. A sample budget narrative is provided.

  5.   Recruitment of volunteers.

B.   Budget and Staff Plan

Local jurisdictions responding to this Invitation are required to submit an itemized budget for administrative costs, including a staffing plan, descriptions of individual job responsibilities, an organization chart and salaries. Please follow the instructions and budget structure included with this package. All forms and other material must be in accordance with these instructions and attached to your application.

C.   Reporting

Proposals must include a completed copy of the Transportation Data Worksheet. It should be submitted in an electronic format as part of the budget submission. A copy of the Transportation Data Worksheet is attached. An electronic version is available upon request.

  1.   Screening Report
        For all modes of transports, a total number will be required to be reported on Transportation Data Worksheet as well as the number of denials and no-shows. This will be the only report required annually.

Office of Health Services Transportation Grants Program (continued)

2. Quarterly Reporting

Using the attached templates, the following information must be submitted quarterly by the 15th of October, January, April and July. Electronic versions of the reporting templates are available upon request.

a. MCO Network Issue Reporting
Details requests for transportation of MCO recipients to medical services beyond the travel time-distance limits for primary care providers or specialists.

b. Complaint-Resolution Log
Details of recipient complaints and their resolutions are to be recorded using the attached format.

d. Appointment Verification Report
A report that includes the total number of trips provided per month, the total number of appointments verified, and the percentage of appointments verified (total verified appointments/total trips = percentage of appointments verified); and the number of trips provided for appointments that could not be verified. This report should be submitted in a format approved by the Department through the proposal submission process.

e. Disclosure by Medicaid Providers: Information on ownership and control
The Grantee must require that vendors disclose information as required in 42CFR §§455.104 through 455.106. Documentation must be kept on file for six years.

f. Grantees must also comply with the requirement to screen for excluded parties as directed in the General Provider Transmittal No. 73. Monthly attestation that these procedures have been followed must be submitted in a format determined by the Department. Documentation must be kept on file for six years.

D. Evaluation

In addition to describing the transportation service, local jurisdictions Must document and submit to the Department the results of monitoring their providers as prescribed by the Department. This evaluation is due January 15.

E. Contact Person

Please indicate the name, title, address and phone number of the person who will be the Grant Manager and their designee in their absence for this award.

G. Local Health Department staff, whose salaries are paid all or in part by the Grant

Office of Health Services Transportation Grants Program (continued)

will be required to attend orientation and training as determined by the MA Transportation Unit.

IX.   SCHEDULE FOR RESPONSES

A.   Local jurisdictions interested in responding to this Invitation are asked to submit their proposals by May 15th for services scheduled to begin the following July 1st.

B.   The itemized budget packet must be forwarded electronically to:

dcss@maryland.gov

C.   It is requested that the narrative portion of the proposal be submitted in MSWord format to each of the addresses under B. above. However, if this is not possible, hard copies of the narrative may be mailed. If this option is selected, please submit three (3) copies of the narrative to:

John Pelton, Transportation Supervisor
Division of Community Support Services
Office of Health Services
201 West Preston Street, 1st Floor
Baltimore, Maryland 21201

D. Questions about the Invitation should be addressed to Mr. Pelton. He may be reached at (410) 767-1739 or (877) 4MD-DHMH x 1739.

Office of Health Services Transportation Grants Program *(continued)*

(Sample Narrative)

Fiscal Year: 2015

_____County Transportation Program Grantee
Medicaid Transportation Grants Program

Project Code: F738N

Goal: To ensure that Medical Assistance recipients are able to get to medically necessary Medical Assistance covered services, and arrange or provide transportation to such services when no other resources exist.

Objectives: The funds awarded to _____ County are to be used for "safety net" funding of transportation to recipients who have no other available source of transportation. Since Medicaid is the payer of last resort, all other sources of transportation must be accessed prior to the expenditure of the grant funds for transportation services.

This "safety net" funding of transportation should:

1. Continue recipient access to medical care;
2. Assure services to meet the non-emergency transportation needs of Medical Assistance recipients who have no other means of transportation to and from medically necessary covered services;
3. Encourage new transportation resources in areas where they are limited;
4. Assure the appropriate provision of transportation service by screening recipients for other transportation resources and for disabilities which impair recipients' ability to use public transportation or walk; and
5. Provide transportation in the most efficient and cost-effective manner possible by:
   a. Using the least expensive appropriate resource; and
   b. Enhancing the use of volunteers and charitable organization.

Role of _____ County Transportation Program Grantee:

Under this initiative, the major responsibility of the _____ County Health Department will be to ensure that Medicaid transportation funds are expended appropriately in accordance with COMAR 10.09.19 and the requirements below.

Screening and trip assignments will be conducted by (choose one)
1.   _____ County Transportation Program Grantee, or
2.   Contractor(s) - (name of contractor(s))

Actual transportation will be provided by (choose one or both as appropriate)

(Sample Narrative, cont'd)

1.   _____ County Transportation Program Grantee – (mode of transport)
2.   Contractor(s) – identify contractor(s) and mode(s) of transport.

The provision of screening and transportation cannot be performed by the same entity unless approved by DHMH.

Transportation is only to be provided to Medical Assistance recipients for Medicaid-coverable, medically necessary services performed by a medical provider.

Transportation services <u>must</u> be provided to recipients who have no other means of transportation available and in accordance with the terms and conditions noted above. Proper screening for other transportation resources that may be available to the recipient includes, but is not limited to, inquiring about the following as applicable:

1.   Whether the recipient or a family member in the recipient's household owns a vehicle;
2.   Availability of other relatives' or friends' vehicles;
3.   Availability of a volunteer or free transportation service from a public, private or government agency;
4.   Methods by which the recipient previously reached medical services or currently reaches non-medical services (such as the grocery store);
5.   Whether the recipient can walk to the medical service;
6.   Whether public transportation operates between the recipient's location and the medical service;
7.   Whether a recipient is mentally or physically disabled;
8.   Whether a recipient is chronically ill or otherwise requires medical services on a frequent and ongoing basis; and
9.   Whether a recipient can reschedule an appointment to a time when other transportation would be available.

The _____ County Transportation Program Grantee Health Department will take into account factors such as a client's physical/mental condition, location of the health care provider, amount of notice given prior to the actual need for transportation service, appropriateness of mode of transport, etc. In determining the appropriate means of transportation for a recipient that reports a mental or physical disability which makes it medically contraindicated for the client to use public transportation, staff may request documentation prepared by the recipient's provider reflecting that the recipient's medical condition makes it impractical for the client to use public transportation with or without an escort.

The _____ County Health Department will require that requests for transportation service be made a minimum of 24 hours in advance, keeping in

(Sample Narrative, cont'd)

mind the need for flexibility in exceptional cases such as hospital discharges, emergency room releases and recovery after outpatient treatments requiring general anesthesia.

Monies from this grant shall <u>not</u> be used to pay for the following services:

1. Emergency transportation services.
2. Medicare ambulance services.
3. Transportation to or from Veterans Administration hospitals unless it is to receive treatment for a non-military related condition.
4. Transportation of an incarcerated person.
5. Transportation of recipients committed by the courts to a mental institution.
6. Transportation between a nursing facility and a hospital, for routine diagnostic tests, nursing services or physical therapy which can be performed at the nursing facility.
7. Transportation services from any facility for treatment when that treatment is provided by the facility in which the patient is located.
8. Transportation to receive non-medical services.
9. Gratuities of any kind.
10. Transportation for the purpose of medical day care, psychiatric rehabilitation, or day habilitation services.
11. Transportation to and/or from State facilities while the patient is a resident of that facility.
12. Transportation of non-Medical Assistance recipients.
13. Trips for the purposes of education, activities, or employment.
14. Transportation of anyone other than the recipient except for an attendant accompanying a minor or when an attendant would be medically necessary.
15. Wheelchair van service for ambulatory recipients.
16. Ambulance service for recipients who do not need to be transported in a reclining position or whose condition does not require monitoring by certified or licensed ambulance personnel.

In circumstances where the _____ County Transportation Program Grantee is unable to meet the transportation needs of its recipients out of grant funds and can <u>substantiate</u> that the grant funds have been spent in accordance with this proposal, the Program Administrator must be contacted.

<u>Monitoring</u>

Describe in detail the process for monitoring subcontractors in the performance of their contractual duties.

County or Subdivision	Transportation Data Worksheet									
Services Provided	Yes	No	Current Reimbursement Rate	Date Last Adjusted	# Recipients Using Service*		Number of Trips**		Mileage	
					FY 2012	FY 2013	FY 2012	FY 2013	FY 2012	FY 2013
Ambulance-BLS										
Ambulance-ALS										
Ambulance - Specialty Care										
Ambulance - Neonatal Transport										
Air Ambulance			$1,500 + $20.00/air mile							
Total Ambulance					0	0	0	0	0	0
Wheelchair Van					0	0	0	0	0	0
Ambulatory Van Service										
Taxicab/Sedan										
Bus Passes										
Gasoline Vouchers										
Other Ambulatory										
Total Ambulatory					0	0	0	0	0	0
TOTAL FOR COUNTY					0	0	0	0	0	0
Number of Denials										
Distant Provider										
Non-Covered Service										
Not MA Provider										
Other Reason										
Other Transportation										
Total Number of Denials					0	0	0	0		
No Shows***										

*Count each recipient using transportation in one mode of transportation category only. For recipients using more than one mode of transportation, include that recipient in the category that represents the most frequent usage.
** A trip is considered one-way. Example: 1 trip = a ride to the doctor's office + 1 trip = a ride home from the doctor's office, totaling 2 trips.
*** No shows are scheduled trips for recipients that are not at the arranged pickup point at the appointed time or refuse the scheduled trip
but did not cancel it in advance. (Transmittal No. 5)

MCO Network Issue Reporting by Non-Emergency Medical Transportation Grant Managers (Pharmacy Provider Network)

Local Health Department: Your County
Month/Year: July 2012

REFERENCE: Access Standards: Pharmacy Provider Network: COMAR 10.09.66.06

Geographic Access Standard:

(1) Urban areas, within 10 minutes travel time or within a 5-mile radius of each enrollee's residence; and

(2) Rural areas, within 30 minutes travel time or within 30 miles of each enrollee's residence.

COMAR 10.09.66.06 provides guidance as to the time distance limitation for the availability of pharmacy providers within a MCO network. Grantees shall approve all medically necessary and appropriate transportation requests to pharmacy providers as long as a closer appropriate pharmacy provider is not being bypassed.   Grantees are to record and report to the Program, via this format, all requests for medically necessary transportation of MCO recipients to a pharmacy provider when a closer appropriate provider is beyond the time distance limitation.

Recipient Name	Medicaid #	MCO	Specialty Care Needed	Time/Distance Issue	Name/LHD ACCU staff/Date referred
John Doe	11-111111-110	UHC	OB/GYN	Closest provider 35 miles from recipient home	Betty Dean, CCHD; July 2, 2012

MCO Network Issue Reporting by Non-Emergency Medical Transportation Grant Managers (Primary Care Provider Network)

Local Health Department: Your County
Month/Year: July 2012

REFERENCE:

Access Standards: Primary Care Provider
Network: COMAR 10.09.66.06

Geographic Access Standard:

Primary Care Provider Types
General/Family Practitioner, Internist, Pediatrician, OB/GYN, Certified Nurse Midwife, Nurse Practitioner or Specialty Physician

---

(1) Urban areas, within 30 minutes travel time or within a 10-mile radius of each enrollee's residence; and
(2) Rural areas, within 30 minutes travel time or within 30 miles of each enrollee's residence.

Transportation Grants Transmittal No. 3 provides clarification to authorize requests for transportation to primary service providers within established time and distance limitations. Grantees are to record and report to the Program, via this format quarterly, all requests for medically necessary transportation of MCO recipients to a primary care provider when the location is beyond the time distance limitation. Grantees must continue to provide transportation of these recipients unless otherwise directed.

Recipient Name	Medicaid #	MCO	Specialty Care Needed	Time/Distance Issue	Name/LHD ACCU staff/Date referred
John Doe	11-111111-110	UHC	OB/GYN	Closest provider 50 miles from recipient home	Betty Dean, CCHD; July 2, 2012

MCO Network Issue Reporting by Non-Emergency Medical Transportation Grant Managers (Specialty Provider Network)

Local Health Department: Your County
Month/Year: July 2012

REFERENCE:

Access Standards: Specialty Provider Network:
COMAR 10.09.66.05-1; .06

Specialty Provider Types

At least (1) in-network: Allergist, Dermatologist, Endocrinologist, Infectious Disease Specialist, Nephrologist, or Pulmonologist.

Within the (10) Specialty Care Regions, at least (1) in-network:
Cardiologist, ENT, Gastroenterologist, Neurologist, Opthalmologist, Orthodpedist, Surgeon, and Urologist.

Geographic Access Standard:
No geographic access standard for specialty care.

Transportation Grants Transmittal No. 3 provides clarification to authorize requests for transportation to specialty care service providers. Grantees shall approve all medically necessary and appropriate transportation requests to specialty care providers as long as the MCO is not bypassing a closer appropriate provider. The closest appropriate provider may be located outside of the county, and if so, transporation must be provided. However, the MCO is responsible for transportation to a specialty care provider if a closer appropriate provider is being bypassed. Grantees are to record and report to the Program, via this format quarterly, all requests for medically necessary transportation of MCO recipients to a specialty care provider when a closer appropriate provider is being bypassed. Grantees must continue to provide transportation to these recipients unless otherwise directed.

Recipient Name	Medicaid #	MCO	Specialty Care Needed	Time/Distance Issue	Name/LHD ACCU staff/Date referred
John Doe	11-111111-110	UHC	Gastroenterologist	Closest provider 50 miles from recipient home	Betty Dean, CCHD; July 2, 2012

MCO network inadequacy reporting assists the program with addressing network issues with MCOs. The forms prepared are a uniform reporting document and must be submitted in this format. The instructions below provide the required reporting elements.

Each Grantee must report this information to the Program quarterly. If your jurisdiction does not have information to report during the quarter, enter "no incidents to report" and submit as required. The quarterly reporting schedule is as follows: January through March due April 15; April through June due July 15; July through September due October 15; October through December due January 15.

Maryland Non Emergency Medical Transportation
Complaint-Resolution Report Form

LHD Jurisdiction:_____
Month/Year:_____

Recipient Name	MA#	Complainant (If different from recipient)	Telephone Number	Date of Incident	Date Complaint Filed	Description	Resolution Details (Includes Corrective Action)	Name of Staff Resolving Complaint

The purpose of complaint reporting is essential. Primarily, the Non Emergency Medical Transportation (NEMT) Program will be reviewing a record of recipient complaints/concerns for the program. This document may assist both the Grantee and the Program with identifying trends in customer service or dissatisfaction that warrant procedural/policy modification.

The NEMT Complaint Form is a uniform reporting document and must be submitted in this format. The instructions below provide the required reporting elements:

Each Grantee must report to the Program a log of complaints received. If your jurisdiction has not received any complaints during the quarter, enter "no complaints received" and submit as required. The quarterly reporting schedule is as follows: January through March due April 15; April through June due July 15; July through September due October 15; October through December due January 15.

MARYLAND MEDICAID CERTIFICATION FOR AMBULANCE TRANSPORT
SECTION I-PATIENT INFORMATION

Patient's 11 –digit MA#	SSN # (Optional)	Date of Birth
Patients' Name (Last, First MI)	Patient's Address	
Telephone Number	Other Insurer and Policy # (If Applicable)	

SECTION II – TRANSPORT INFORMATION

Transport From:_____

Transport To:_____

Diagnosis _____

Transport Reason:___ **Higher Level of Care** _____D/C _____ **Outpatient Service** _____**Other**_____

SECTION III-MEDICAL NECESSITY QUESTIONNAIRE

Ambulance transport will be provided only if the patient is bed confined or they require monitoring or treatment by certified or licensed pre-hospital providers. Bed confined is defined as a patient who is:
1. Is unable to get up from bed without assistance; and
2. Unable to ambulate; and
3. Unable to sit in a chair or wheelchair

Ambulance service will not be provided for the transfer of an ambulatory or wheelchair patient to a bed or examining table.

If not bed confined, reason why ambulance service is needed:

__IV Meds/fluids required   __Restraints)physical or chemical) anticipated/used during transport
__Cardiac/hemodynamic monitoring required during transport   __Patient
__ Requires isolation precautions (MRSA, etc)   __ Contractures
__DVT requires airway monitoring or suctioning   __ Has decubitus ulcers & requires would precautions
__Require airway monitoring or suctioning   __ Requires continuous oxygen monitoring by pre-hospital providers
__Orthopedic Device (backboard, halo, use of pins for traction, etc.) __Other _____
__ Morbid Obesity- Weight:_____

SECTION IV-SIGNATURE OF PHYSICIAN, CRNP or DENTIST

I certify that that the above information represents an accurate assessment of the patient's medical condition and that ambulance transportation is medically necessary. Misrepresentation or falsification of essential information which leads to inappropriate payment may lead to sanctions and/or penalties under applicable Federal and /or State law.

_____   _____
        Provider Name (Print   **Date**
_____   _____
        Provider Signature   **NPI Number**

(Grantee to add their jurisdiction's logo, address and telephone number here)

MARYLAND MEDICAID CERTIFICATION FOR AMBULATORY & WHEELCHAIR TRANSPORTATION

SECTION I –PATIENT INFORMATION

Patient's 11-digit MA#	SSN# (Optional):	Date of Birth:
Patient's Name (Last, First, MI)	Patient's Address	
Telephone Number		

SECTION II TRANSPORT INFOMATION

Name & Address of Office or Clinic **(include bldg name and entrance)**	PCP or Specialty	Telephone Number

1. **Mobility aids (check all that apply**):   Other: _____
    ___Manual/motorized wheelchair   ___Bariatric wheelchair   ___Walker/crutches   ___Braces
    ____Service animal   _____ Attendant

2. ***Diagnosis of recipient's disability (if applicable):*** (do not enter ICD/DSM) must be completed to support medical necessity of mode of transportation indicated in question #6.

    _____
    _____

3. ***Symptoms of recipient's disability (i.e. leg pain, headache)***:

    _____
    _____
    _____

    Other conditions which may affect disability – Check only those that apply
    ____Hearing Impaired   ____Visually Impaired   ____Cognitively Impaired   ____Behavioral or Mental Health Disability
    ____Morbid Obesity – Weight: _____

4. **If a closer provider is being bypassed, document the medical necessity as to why the recipient cannot be treated by a closer provider:**

    _____
    _____

    _____
    _____

5. **Justification for attendant accompanying recipient, if applicable (Not required for parents accompanying minors):**

_____
_____

6.   ***Circle type of transportation needed***:   Ambulatory   Wheelchair
7.   ***Frequency of visits*** (indicate number of appointments per week or month):
          _____   Weekly   _____   Monthly   Other: _____
8.   ***Duration of Treatment***:

_____

By signing this form, you are certifying: (*must be signed by a Physician, CRNP or Dentist)

    1. That due to the client's condition, he/she is unable to use public transportation (bus or paratransit);
    2. The services described are medically necessary and are coverable under the Maryland Medicaid Program; and
    3. You understand that information provided is subject to investigation and verification. Misrepresentation or falsification of
       essential information which leads to inappropriate payment may lead to sanctions and/or penalties under applicable Federal
       and/or State law.

_____   _____
       Provider Name   Date

_____   _____
       Provider   Signature   NPI Number (If Applicable)
_____
       Telephone Number

This form must be completed in full and must contain an original signature. Incomplete forms will be return to Provider. Forms containing photocopied signatures or signature stamps will be returned to the provider
Please return completed form to:
_____
_____   Local Health Department
          Address
_____
       Telephone Number

Special Note:

The standard forms for certification of ambulatory, wheelchair and ambulance transportation are available via paper form and electronic format upon request

Attachment F3

CONDITIONS OF AWARD
TRANSPORTATION GRANTS

I.   General DHMH Conditions of Award – Include all

II.   Specific Conditions – Include compliance with the following:

- "Section III - Objectives of this Invitation" from the *Invitation for Human Service Grant-in Aid Applications, Medicaid Transportation Grants Program*

- "Section IV - Role of the Local Jurisdiction" from *the Invitation for Human Service Grant-in-Aid Applications, Medicaid Transportation Grants Program*

- "Section V - Funding" from the *Invitation for Human Service Grant-inAid Applications, Medicaid Transportation Grants Program*

- "Section VI - Accountability" from the *Invitation for Human Service Grant-in-Aid Applications, Medicaid Transportation Grants Program*

- "Section VII – Appeal Process" from the *Invitation for Human Service Grant-in-Aid Applications, Medicaid Transportation Grants Program*

- "Section VIII – Submission of Proposals" from the *Invitation for Human Service Grant-in Aid Applications, Medicaid Transportation Grants Program*

- "Section IX – Schedule of Responses" from the *Invitation for Human Service Grant-in-Aid Applications, Medicaid Transportation Grants Program*

End of Office of Health Services Transportation Grants Program

OFFICE OF HEALTH SERVICES
LONG TERM CARE & COMMUNITY SUPPORT SERVICES ADMINISTRATION

Real Choices Continuation (F728N)
(Hospital Outreach Initiative)

1. **Background Statement/Purpose of Grant**: The Hospital Outreach Initiative is a program originally created in 2003 with funds from a Real Choice Systems Change Grant from CMS to help individuals in hospitals transition back to the community by providing information and assistance with support services. The federal grant ended in 2006, but the Department has continued the program in two of the original counties involved during the grant period. This program helps keep Medicaid recipients in the community instead of in more costly institutional care.

   The program involves contracts with local health departments in Harford County and Worcester County. Each LHD employs one registered nurse to provide discharge-planning and monitoring services to clients in acute, sub-acute, and long term care facilities as outlined in the Memorandum of Understanding (MOU). CMS approved a 75% match for the LHD nurses to perform this work because they are "skilled professional medical personnel". The majority of costs associated with the MOU are to fund the nurses' salaries.

2. **Reporting Requirements:** Continue semi-annual and annual reports, as well as any data reporting being done by counties who have received grants in the Person-Centered Hospital Discharge Program grants issued by the federal Administration on Aging or Centers for Medicare and Medicaid Services.

3. **Budget Requirements:** Use the Local Health Department Budget Package (DHMH 4542A-M). Personnel costs will be approved only for staff directly performing these functions. Submit all requests for budget adjustments on DHMH Budget Adjustment Sheets (DHMH form4542B)

   Submit program plan and electronic budget package by May 21, 2014 to:

   Susan Panek, Deputy Director
   Community Long Term Care and Nursing Home Services
   Long Term Care and Community Support Services Administration
   Office of Health Services
   201 W. Preston Street, Room 129
   Baltimore, Maryland 21201
   Phone: 410-767-6764
   E-Mail : **susan.panek@maryland.gov**

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF ELIGIBILITY SERVICES

HEALTH CARE FINANCING
OFFICE OF ELIGIBILITY SERVICES
BENEFICIARY SERVICES ADMINISTRATION

<u>Instructions For Preparing Narrative and Budget</u>
<u>Maryland Children's Health Program Eligibility Determination (F731N)</u>

1. **<u>Allocation:</u>** Medical Care Programs, Office of Eligibility Services, send allocation letters to local health department vendors. Date to be determined.

2. **<u>Background Statement/Purpose of Grant:</u>** This Grant funds the local health department Maryland Children's Health Program (MCHP) Eligibility Units. MCHP provides health insurance coverage for low-income pregnant women of any age with income at or below 250% of the federal poverty level (FPL), and children under age 19 with family incomes at or below 300% FPL. All pregnant women, and children in families at or below 200% FPL (MCHP), receive coverage free of charge; those children above 200% but at or below 300% (MCHP Premium) receive coverage in return for a small family contribution monthly.

   Applicants for MCHP and MCHP Premium complete the standard application form and submit it to the local health departments (LHD's), to have MCHP eligibility determined by the LHD. Children with incomes between 200 and 300 percent FPL will be determined ineligible for MCHP by the LHD. If the child's application indicates that the child's representative will pay a premium for the child's coverage, the Department of Human Resources (DHR) CARES computer system will refer the child to DHMH for completion of eligibility determination for MCHP Premium.

   The MCHP Eligibility Units are responsible for assuring that MCHP applications they receive from low income families who have no associated case at the local department of social services (LDSS), are processed in accordance with COMAR 10.09.11, for: (1.) the current coverage period, and (2.) as needed, a retroactive period not exceeding three months prior to the month of application. The MCHP eligibility units are responsible for processing applications from individuals who have associated cases at the local department of social services (LDSS) according to the accelerated certification of eligibility (ACE) procedures established by DHMH.

   The Eligibility Unit will process all MCHP applications and use its resources (e.g. personnel, office equipment, furniture, educational materials, etc.) to ensure enrollment for all pregnant women and children whose income or family income makes them eligible for MCHP. The Eligibility Unit will also provide information to pregnant

women applicants, or parents/guardians of child applicants about MCHP and MCHP Premium and Families with Children.

3. <u>**Requirements and Conditions under Eligibility**</u>**:**
    All requirements and conditions must be met in order to qualify for MCHP funds. Any staff time you charge to this grant must be charged to MCHP administrative duties only. Your staff may be cross-trained for other MCHP functions, however, these functions must relate to eligibility determinations and other enrollment activities only, and not be directly associated with ACCU or various outreach services. Funds may not be used to provide clinical services or fee-for service targeted case management such as Healthy Start or IEP case management.

    The Department shall give oral and written information about eligibility requirements, coverage, scope and related services of MCHP and MCHP Premium, and an individual's rights and obligations under MCHP and MCHP Premium, to any individual requesting such information.

4. <u>**Program Priorities and Operations:**</u>

    A. <u>**Eligibility Determinations**</u>: The MCHP Eligibility Unit in your local health department is responsible for receiving MCHP applications each day and determining eligibility for MCHP.

    - Follow eligibility regulations, policy manual and procedures in making eligibility determinations, and collaborate closely with eligibility staff at the local department of social services (LDSS);

    - Comply with all applicable confidentiality rules, including 45 CFR §205.50, 42 CFR §431.300, Maryland Annotated Code Article 88A, §6 and all security policies promulgated by the Maryland State Data Security Committee, created by Executive Order 01.01.1983.18.

    B. <u>**Connecting those determined eligible for MCHP to Services:**</u>

    - Inform families of availability of other programs such as Food Stamps, Families and Children (FAC), Temporary Cash Assistance (TCA) or coverage for past medical bills if applicable;

    - Provide general information about Health Choice, the managed care program, to pregnant women and children's parents/guardians.

    - Facilitate referral to ACCU for pregnant women needing assistance with selecting an MCO, through provision of information;

- Facilitate referral for pregnant women, infants and young children who wish to apply to the WIC Program through provision of information;

- Facilitate referral for pregnant women and children under two years old to the Administrative Care Coordination-Ombudsman Unit or Healthy Start Program, should they need additional assistance through provision of information;

- Facilitate referral for children over age two with special needs (CSHCN) to the Administrative Care Coordination-Ombudsman Unit, if they need additional assistance through provision of information.

   Application Filing and Signature Requirements

C. **Follow-up for MCHP applicants who submitted incomplete Applications and those applicants with an associated case whose application was forwarded to the LDSS for processing:**

- All LHD MCHP eligibility determinations must be processed according to COMAR 10.09.11.

- When the MCHP Eligibility Unit is meeting the time limitations for processing all applications, eligibility staff may follow-up on incomplete applications and offer assistance to those families whose applications were forwarded to the LDSS.

D. **Education and Outreach Activities:** MCHP Eligibility supervisory staff participates with other LHD staff and community partners in the development of the MCHP outreach plan. To the extent that time is available, (e.g. Eligibility Unit is meeting the 10 day processing limit), the Eligibility Unit supervisor may either participate himself/herself, or make staff available to participate in education and outreach implementation activities to promote community awareness of the Maryland Children's Health Program.

5. **Operational Requirements:**

- Have staff available at all times during business hours to provide assistance to customers and to accept phone calls as well as in person inquiries about the MCHP application process.

- Designate staff to conduct the eligibility process, including designating key staff responsible for overseeing this process, with at least two other staff, certified by the Department, and capable of entering cases in CARES;

Office of Eligibility Services (continued)

- Designate local point person for the grant as on-going contact between the Department and the LHD, and a liaison who will keep the local health officer informed of all budget matters and all program-related correspondence from the Department.

- Designate case management staff for all MCHP customers, including those who are active with, or in the process of applying for other programs at the LDSS, and whose MCHP application is processed according to ACE procedures. This includes responsibilities for scheduled and unscheduled re-determinations of eligibility, and all interim changes, which affect case information, but do not require re-determinations for eligibility;

- Determine eligibility for: (1) current, and (2) retroactive coverage within ten working days of receiving a signed application, and (3) ACE within two days of receiving a signed application;

- Help pregnant and postpartum women and parents/guardians of low-income children to fill out MCHP applications.

6. **Program Proposal Format:** Follow the outline provided with these instructions. **The Internal/External Assessment** should answer the question "Where are we now?" with specific data i.e., how many children enrolled in your county. Include a description of service locations and hours of operation, location where one may obtain or file an MCHP application and mail requests handled by department.

- Include collaborative relationships with schools, churches and community-based organizations related to application assistance.

- Include a description of the linkages with the LDSS, the ACCU-Ombudsman Unit, Healthy Start, and WIC. **The Goals and Objectives** should further answer the question," Where do we want to be?" with broad goal statements and specific measurable objectives for their accomplishment.

7. **Strategies and Action Plans:** should answer the question "How do we get there?" by describing the operations that will be put in place to accomplish these goals and objectives. Plans must be culturally sensitive, family-oriented and community-focused.

- This plan should describe protocols for how applications will be handled, how **confidentiality** will be maintained, as well as the manner in which information to facilitate referrals to other programs will be provided.

Office of Eligibility Services (continued)

7. <u>**Performance Measures**</u>: Use DHMH form 4542C – Estimated Performance Measures. This section should answer the question "How do we measure our progress?" by describing a system of customer-focused, quantifiable indicators that detail how goals are being met.

8. Performance Measures should be **S.M.A.R.T. --- Specific, Measurable, Attainable, Realistic and Tangible/Time limited.**

9. <u>**Monitoring, Tracking and Reporting:**</u> <u>The MCHP Eligibility Unit will</u>:

- Monitor eligibility of MCHP recipients with no associated case to avoid breaks in coverage;

- Track applications and monitor reports related to LHD – District Office operations;

- Make appropriate staff available for ongoing training by the Department staff;

- Complete MCHP Quality Review of eligibility determinations in the LHD;

- Cooperate with ongoing quality assurance monitoring reviews by Department staff;

- Submit all requests for budget adjustments on DHMH Budget Adjustment Sheets (DHMH form4542B);

- Submit **mandatory** annual statistical report summarizing the preceding fiscal year, by **August 31**[st], in the format specified by DHMH to include reporting for each performance measure stated in your grant request and a narrative summary statement of year in review.

10. <u>**Budget Requirements:**</u> Use the Local Health Department Budget Package (DHMH 4542A- M). Use the same program format for categorical grants as instructed by Program Cost and Analysis. Personnel costs will be approved only for staff who are directly performing, supporting, or supervising these functions. In addition to the local health department budget package electronic submission, submit the following in hard copy or Word document:

  - **Organizational Chart: Include an organizational chart for the LHD and the**
  - **MCHP Eligibility Unit.**
  - **Activities by Projected FTE and Salary: Attachment A**
  - **Narrative response to Sections 3, 7 and 9 of the Budget Instructions.**

Office of Eligibility Services (continued)

Submit program plan and electronic budget package by May 20, 2014 to:

Yvonne Howell, Program Specialist
Maryland Children's Health Program Division
201 W. Preston Street, Room SS10
Baltimore, Maryland 21201
Phone: 410-767-1473; FAX: 410-333-5361
E-Mail : <u>YHowell@dhmh.state.md.us</u>

Medical Care Programs, Office of Eligibility Services
Maryland Children's Health Program Eligibility Determination
Program Plan

1. Jurisdiction: _____

2. **Fiscal Year: 2015**

3. **Program Title: MCHP Eligibility Determination**

4. **Grant and Program Numbers:**

   Grant #: MA_ _ _ _ACM   **Project # F731N**

5. **Program Director: _____**

   Telephone Number: _____

6. **Program Manager/Supervisor and Phone Number (if different from above):**

7. **Internal/External Assessment**

8. **Goals and Objectives**

9. **Strategies and Action Plans**

10. **Performance Measures (attach DHMH 4542C)**

11. **Monitoring, Tracking, and Reporting**

12. **Budget (use DHMH 4542 Forms)**

Attachments:

- **Organizational Chart**
- **FTE Chart**

Office of Eligibility Services (continued)

Total Salaries & Special Payments *			Direct Eligibility Case Work		Program Administration & Supervision		Additional Follow-Up on Applications		MCHP Outreach		Total

County:_____

Completed By:_____
Date:_____

MCHP Eligibility Program (731N)
Activities by Projected FTE and Salary
FY2015

Name of Person	Job Title (Classification) with grade/step**	% of FTE Funded in Project F731N	%	Salary	%	Salary	%	Salary	%	Salary	Total
Total Salaries and Special Payments											

*List only staff funded in Project F731N.
**Proposed FY2015 classification and grade level

END OF OFFICE OF ELIGIBILITY SERVICES

Maryland Department of Health and Mental Hygiene
Office of Preparedness and Response

Public Health Emergency Preparedness
Conditions of Award

DUE DATE: **June 2, 2014 by close of business**

State Fiscal Year 2015 Budget Period: July 1, 2014 - June 30, 2015
PHEP Cooperative Agreement Budget Period: July 1, 2014 - June 30, 2015

_____

SFY 2015 Funding:
   The total funding allocation for each local health department (LHD) is shown in **Appendix 1** *(Please note that these allocations are provisional for planning purposes, as CDC has not released the final numbers. Final numbers are expected no later than July 1, 2014)* .The 12-month allocations for both Base and the Cities Readiness Initiative (CRI) should be used for this submission (SFY 2015 – July 1, 2014 to June 30, 2015).

Submission Requirements:
- **Form DHMH 4542** - Each local health department must complete and submit a DHMH 4542 budget package for each emergency preparedness grant for which the local health department receives funding. The **budget justification page** (DHMH 4542B) must be completed as part of the budget request. If the justification page (DHMH 4542B) is not completed, the budget will be returned for correction. The justifications should state what the funding will be used for per line item.

  Budgets must be electronically sent:
  Directly to:
  LHDPrepared.DHMH@maryland.gov
  Copied to:
  Nicole Brown – Nicole.brown@maryland.gov
  Isaac Ajit – isaac.ajit@maryland.gov
  Artensie Flowers – artensie.flowers@maryland.gov
  Kathy Labuda – Kathleen.labuda@maryland.gov
  Christopher Snyder – CSnyder@maryland.gov

   A.   **Budget Codes** - The **codes** to be used on the budget forms are as follows:

Office of Preparedness and Response

- PHEP Base – County PCA – F557N; Program PCA – W1025
- Cities Readiness Initiative – County PCA – F558N; Program PCA – W1215
- Grant Tracking Number: 15-1589

B. **Indirect Cost Rate** – To maximize funding allocated for building preparedness capacity and capability, the established indirect cost rate will be 7%

C. **Performance Measures** - Per guidance from DHMH General Accounting, form DHMH 4542c (Estimated Performance Measures) must be completed for all budgets. To assist with completion of this form, OP&R has developed performance measures that must be integrated into each health department's performance measures. Additional measures that align with the proposed budget can be added at the discretion of the health department.

SFY 2015 Estimated Performance Measures

1. *Complete public health emergency preparedness progress reports (mid-year and annual)* Estimate for Award Period: 2	2. *Participate in preparedness meetings (IPHMPF, HPP-PHEP regional conferences, Pre-Application & OP&R Annual Meeting)* Estimate for Award Period: 11	3. *Attend Maryland Strategic National Stockpile related training* *Estimate for Award Period: 1*
4. *Conduct Drills and Exercises (including staff assembly, quarterly call downs using the HAN, Facility Setup, dispensing throughput or throughput modeling, full scale dispensing, regional exercise)* Estimate for Award Period: 7	5. *Participate in the Local Technical Assistance Review (CRI and non-CRI counties)* Estimate for Award Period: 1	6. *Update Continuity of Operations (COOP) Plan and train local health department staff.* Estimate for Award Period: 1

7. *Develop Volunteer Management Plan*	8. *Engage Community Partners in Emergency Preparedness Efforts*	
Estimate for Award Period: 1	Estimate for Award Period: 1	

- **OP&R Budget Justification Template** – In addition to form DHMH 4542, a detailed budget justification must be provided using the attached budget justification template **(Appendix 2).** Each budget line item must be associated to PHEP capabilities or program administration activities (i.e. cross-cutting and general program management activities).

  Please see the table below for guidance on the type of information that must be provided on the justification template.

Food	Costs related to food or meals for meetings, training, exercises, or similar events are not permitted unless approved as part of the project proposal **and** budget. The criteria for determining allowable "entertainment" expenses for upcoming meetings and conferences where meals will be served are: • Meals must be a necessary part of a working meeting (or training), integral to full participation in the business of the meeting, i.e. food/meals may not be taken elsewhere without attendees missing essential formal discussions, lectures, or speeches concerning the purpose of the meeting or training. • Describe the meeting, training or activity for which will be provided. • Food cannot be provided for regularly scheduled or standing meetings. • Meal costs are not duplicated in per diem or subsistence allowances. • Meeting participants (majority) are traveling from a distance of more than 50 miles. • Guest meals (i.e., meals for non-essential attendees) are not allowable. • An agenda and sign-in sheet for meetings/trainings for which food will be served must be available.

Personnel	Staff supported by PHEP funds and description of PHEP-related job duties. The percentage funded must match the percentage of emergency preparedness activities that are a part of their job duties.
Travel	Detailed travel requests including the purpose of travel, number of staff planning to travel, and anticipated destination of travel must be listed.
Equipment	A description of all devices/equipment being requested and their intended purpose of use. Only equipment purchased for emergency preparedness programs and activities are an allowable expense.
Contracts	Contractor's name, scope of work, amount to be awarded and date of contract award, when available.
Supplies	An itemized list of office and operational supplies. Only supplies purchased for emergency preparedness programs and activities are an allowable expense.
Telephones	List all staff telephones to be funded. The percentage funded must match the percentage of emergency preparedness activities that are a part of their job duties.

- **Project Plan** – Each health department must submit one project plan template for EACH capability selected, succinctly describing the objectives, supporting planned activities, and measurable deliverables/outputs **(template attached – Appendix 4)**. DHMH has identified the priority capabilities that must be addressed by each health department (denoted in table below). However, based upon identified gaps in the Capabilities Planning Guide (CPG), lessons learned from exercises and real-time incidents, priority risks identified in the local jurisdictional risk assessment, and other DHMH planned activities, local health departments may select additional capabilities to address at their discretion.   Again, briefly describe the objectives, planned activities and measurable deliverables/outputs to build or sustain the selected capabilities.

  Objective: An accomplishment or milestone that will help build or sustain the capability. Capability objectives should be SMART.
  (S)- Specific. What is the specific task?
  (M) – Measurable. What are the standards?
  (A) – Achievable. Is the task feasible?
  (R)- Realistic. Are sufficient resources available?
  (T)- Time bound. What are the start and end dates?

  Planned Activities: The necessary deliverables, products or outputs required to meet and support each objective.

  Deliverables/Outputs: The completed deliverables, products or outputs that are produced to meet the objective.

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To the greatest extent possible, each health department should plan and coordinate with regional public health and healthcare partners to leverage resources and minimize duplication of efforts to achieve greater programmatic impact.

1. Community Preparedness* identification of mitigation projects based on risk assessment analysis	9. Medical Materiel Management and Distribution
2. Community Recovery* -participate with OP&R in the development of the ESF-8 recovery appendix as part of the State Recovery Operations Plan -update COOP plan	10. Medical Surge* -participation in coalition planning and meetings as related to medical surge
3. Emergency Operations Coordination	11. Non-Pharmaceutical Interventions
4. Emergency Public Information and Warning	12. Public Health Laboratory Testing
5. Fatality Management	13. Public Health Surveillance and Epidemiological Investigation
6. Information Sharing	14. Responder Safety and Health
7. Mass Care	15. Volunteer Management* -develop local volunteer management plan - recruit volunteers locally -provide training/exercise opportunities for volunteers -participate in notification & activation drills
8. Medical Countermeasure* Dispensing -conduct dispensing drills as required by LTAR	

 *DHMH priority capability

- **PHEP Funded Employees (MS-22**) - A copy of the **MS-22** for <u>new</u> employees should be completed and submitted for new staff funded by emergency preparedness or for existing staff that have had additional hours in emergency preparedness added to their MS-22. If an MS-22 is not applicable to your health department, please provide a job description for those emergency preparedness funded employees, including employees hired on a contractual basis.

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An updated MS-22 for each existing employee supported by PHEP funding must be maintained on file at your health department for Local, State, and Federal auditors. The hours per week and/or percentage of time designated for emergency preparedness functions on theMS-22 or job description for each PHEP funded employee <u>must</u> correlate with the DHMH 4542 Schedule of Salary Costs, Schedule of County Payroll Costs, Schedule of Consultant Costs, Purchase of Care Services, and/or Human Service Contracts budget tabs. Waivers for audit exceptions due to inconsistencies in reported findings will not be granted.

- **Employee Certification (A-87)** – Recipients of PHEP funds are required to adhere to all applicable federal laws and regulations, including Office of Management and Budget (OMB) Circular A-87 and semiannual certification of employees (partially or solely funded) on a single federal award. Per OMB Circular A-87, compensation charges for employees who work solely on a single federal award must be supported by periodic certifications that the employees worked solely on that program during the certification period.

  Appendix 5 must be prepared semiannually and signed by each PHEP- funded employee and a supervisory official having firsthand knowledge of the work performed by the employee. LHDs must be able to document that the scope of duties and activities of these employees are in alignment and congruent with the intent of the PHEP cooperative agreement to build public health response capacity and to rebuild public health infrastructure in state and local public health agencies.

- **Supplantation Avoidance Questionnaires** (SAQ) should be completed and attached if necessary **(Appendix 6)**.

- **Exercise Calendar** – A multi-year (3-5 year) exercise calendar for each health department must be submitted using the template in **Appendix 7**. All health departments are required to participate in the exercises/drills listed below. In addition, an After Action Report **(AAR)** must be prepared for each exercise that your health department conducts, and made available for review at site visits, unless otherwise noted.

  All dispensing drills must be completed, documented and submitted to OP&R by <u>April 25, 2015</u>.

  - **Quarterly Personnel Call Down Drills (4)**: It is necessary to test the notification systems to maintain readiness for a public health emergency.

Office of Preparedness and Response

- Each local jurisdiction must conduct and document a call down drill of all key response personnel quarterly and correct and document any identified discrepancies.
    - At least one call down drill must include immediate staff assembly (i.e. staff must assemble, virtually or physically, within 60 minutes after notification). See template in **Appendix 8**.
    - At least one call down drill must include all of the local POD staff.

- **Volunteer Notification and Activation Drill** (1): Each local jurisdiction must exercise notification and activation of volunteers. This requirement can be fulfilled through coordination with the State MRC, MD Responds. In order to complete this exercise, all local health department personnel working with volunteers must be registered with MD Responds Responder Management System (RMS). If not already registered, you can do so by https://visiting mdresponds.dhmh.maryland.gov/. For technical assistance with this drill requirement, contact mdresponds.dhmh@maryland.gov.

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- **DHMH-Sponsored Drills/Exercises** - Each local health department must participate in DHMH-sponsored drills including:
    - Call down drills
    - Redundant communications drills
    - Any additional drills/exercises

Local jurisdictions must select two additional drills from those listed below:

- **Facility Set Up Drill**: The goal of a facility setup drill is to determine the time necessary to setup a site to support an SNS operational response function. This drill requires a physical operation and actual setup of all necessary equipment and supplies at an identified site (POD or health department emergency operations center). At the conclusion of the drill, the attached Facility Setup worksheet (**Appendix 9**) must be used to document the drill and should be submitted to the State SNS Coordinator and State CRI Coordinator. Real life events, including seasonal flu clinics, can be used to meet this requirement as long as the required data are recorded and submitted.

- **Dispensing Throughput or Throughput Modeling Drill:** The dispensing throughput drill collects processing times and/or total throughput for public medical countermeasure dispensing. The information collected during this drill is intended to allow jurisdictions to anticipate patient/client throughput during an emergency event. In order for this data to estimate performance

- or processing capacity, the drill should mimic the demands of a real world event. **Dispensing drills must record times for dispensing to at least 50 individuals** in order to support data collection. These volunteers be processed within a limited time period to effectively stress the system and better mirror conditions of an emergency. A throughput modeling drill using Real-Opt software can be conducted in lieu of the dispensing throughput drill, if an AAR/IP is submitted. The modeling AAR/IP should include summary of output results such as: staffing requirements, throughput, time at stations, flow time through POD. Also included in the AAR/IP should be a summary of lessons learned and corrective actions that will be executed including, but not limited to: optimal design for customized and efficient POD floor plans, optimal labor resources and staff allocation, and utilization across POD/clinic stations. A RealOpt AAR template is included **(Appendix 10)** and should be submitted to the State SNS Coordinator and State CRI Coordinator for credit.

- **Site Activation Drill:** The site activation drill evaluates a jurisdictions' ability to contact operational site owners, operators or points of contact to make notification of response activation and assess the time that these sites (public PODs and/or Closed PODs) can be made ready for operation. In order to effectively assess and improve operational performance and provide a realistic understanding of response capability, jurisdictions should collect data that allows for measurement of staff response and site availability. Evaluations of the depth and scope of emergency response infrastructure support will require tests of notification processes, and feedback from facility staff on site availability. To determine the capacity of a jurisdiction's PODs, an operational exercise should include a full complement of the POD roster under evaluation. The Site Activation Drill Template (**Appendix 11**) must be completed and submitted to the State SNS Coordinator and State CRI Coordinator to receive drill credit.

- **Training Plan** – A multi-year training plan for each health department must be submitted using the template in **Appendix 12**. The training plan should include any preparedness related trainings your health department intends to participate in, including DHMH OP&R-sponsored trainings and exercises.

Program Requirements:
1. **Compliance** - The grantees/sub-grantees of CDC PHEP funds agree to comply with OP&R/DHMH/CDC guidelines with regards to their expenditures/purchases.

Office of Preparedness and Response

2. **Program Evaluation** - The grantee/sub-grantees shall participate fully in the DHMH OP&R's Quality Improvement and Technical Assistance activities which may include, but not be limited to:
   a. Comprehensive site visits at least once a year within the grant period (conducted in coordination with the LTAR)
   b. Mid Year and End of Year Progress Reports
   c. Fiscal Reports

3. **Attribution** - The grantee/sub-grantees shall cite CDC PHEP and the DHMH OP&R as a funding source when publishing or presenting data or programs partially or fully-funded by DHMH, CDC PHEP grants. A copy of all reports, data, software, or presentations generated from CDC PHEP funded projects must be submitted to your OP&R regional coordinator.

4. **DHMH OP&R Meetings/Trainings** - Grantee/sub-grantee agrees to participate in regular meetings/trainings sponsored by DHMH OP&R to receive and disseminate information on program developments/activities. Trainings include but are not limited to the following:

   - Preparedness conference calls
   - OP&R Annual Meeting
   - POD Operations Training
   - Redundant Communications
   - Statewide SNS Conference
   - Inventory Management Training
   - NIMS/ICS Training
   - Psychological First Aid Training
   - LTAR Training

5. **Office of Aging** - The grantee/sub-grantee agrees to engage the Area Office for Aging or equivalent office in addressing the emergency preparedness, response and recovery needs of older adults.

6. **National Incident Management System Compliance** - The grantee/sub-grantee agrees to meet National Incident Management System (NIMS) compliance requirements.

7. **Local Technical Assistance Review** (LTAR): The local TAR must be conducted on an annual basis in each local jurisdiction to review mass dispensing plans. Scheduling for the LTAR will be determined between OP&R staff and the local PHEP. The PHEP or local

Office of Preparedness and Response

8. SNS/CRI coordinator will use both the TAR tool and an automated scoring tool to conduct a self-assessment prior to the official TAR review. Local jurisdictions who scored 85 or above on the BP2 LTAR, will only need to submit an LTAR progress report. Local jurisdictions scoring below 85 on the BP2 LTAR will have a full LTAR review. .

Fiscal Requirements:

1. All LHDs must draw down funds on a regular basis, but no less than quarterly to ensure timely spend down of funds (i.e. invoices for payment must be submitted on a regular basis). For home-rule jurisdictions, reimbursement/payment requests must be submitted to DHMH no less frequently than on a quarterly basis. When submitting requests for reimbursement to the Office of General Accounting, copy Nicole Brown (nicole.brown@maryland.gov), Artensie Flowers (artensie.flowers@maryland.gov), Christopher Snyder (Csnyder@maryland.gov) and Kathleen Labuda (kathleen.labuda@maryland.gov)on the correspondence.

   All LHDs, including home-rule jurisdictions, shall submit to OP&R on a semi-annual basis a financial status report (template attached – **Appendix 13**). All reported expenditures should balance with the amount submitted through the State system.

2. To ensure a timely fiscal close out process for meeting the State and CDC requirements, the following deadlines apply:

   a. Draw Down - To meet the State's fiscal close out deadline, all funds from grants awarded July 1, 2014 – June 30, 2015 must be drawn down by **August 30, 2015.**
   b. Reconciliation – All Form 440s must be submitted by **August 30, 2015**.

   Any funds not spent by the above deadlines will be denied.

3. The grantee and sub-grantee shall **not** use CDC PHEP grant funds to:
   a. Purchase vehicles
   b. Construction or major renovation
   c. Supplantation of existing state or federal funds for activities described in the budget
   d. Direct clinical care
   e. Reimbursement of pre-award costs

4. The grantee/sub-grantee will comply with all DHMH and CDC fiscal requirements for timely submission of detailed budgets and budget modifications.

Equipment Inventory Requirements:

1.   An inventory list should include the description of the item, manufacturer, serial and/or identification number, acquisition date and cost, and percentage of federal funds used in the acquisition of the item and must be submitted to OP&R for federal audit purposes **(template attached – Appendix 14)**.

        In addition to the inventory list, all equipment and response supplies (i.e., gloves, masks, etc.) purchased with SFY15PHEP funds must be entered in the LHD's Inventory Resource Management System (IRMS). By June 30, 2015, all equipment purchased with PHEP funds in previous years must also be entered into IRMS.

2.   When equipment acquired with CDC funds is no longer needed on the grant, the equipment may be used for other activities in accordance with the following standards: equipment with a fair market of $5,000 or more may be retained for other uses provided compensation is made to CDC. These requirements do not apply to equipment which was purchased with non-federal funds.

3.   Equipment with a unit acquisition cost of less than $5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government, may be retained, sold or disposed of, with no further obligation to the Federal Government.

4.   Equipment no longer needed shall be disposed following instructions requested from and provided by DHMH OP&R after consultation with the CDC.

END OF PUBLIC HEALTH & EMERGENCY PREPAREDNESS